



# HEALTHCARE FACILITIES

symposium and expo

## EXHIBITOR APPOINTED CONTRACTOR (EAC) APPROVAL REQUEST

Deadline: **November 6, 2021**

Return to: Lou Mancini  
FAX: 203-307-2727      Email: [lou@jdevents.com](mailto:lou@jdevents.com)

### Exhibitor Information:

Company Name: \_\_\_\_\_ Booth # \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ FAX:(\_\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_

Name of Company Representative: \_\_\_\_\_

Signature of Company Representative: \_\_\_\_\_

I certify that I have authorized the EAC named below to install and dismantle my exhibit. Knowing that the EAC is my official representative, I further certify that he will adhere to all Show, facility, and union rules and regulations, just as if he were my own employee. **I WILL INFORM THE EAC THAT HE IS REQUIRED TO PROVIDE JD Events, SHOW MANAGEMENT, WITH A CERTIFICATE OF LIABILITY INSURANCE (minimum liability coverage: \$1,000,000.00) BY NO LATER THAN 30 DAYS PRIOR TO THE SHOW DATE (November 6, 2021).** I understand that my organization is ultimately responsible for the actions of this contractor while he works on this assignment.

**The EAC may not solicit or accept new business on the Show floor.**

### EXHIBITOR APPOINTED CONTRACTOR (EAC) INFORMATION:

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Show Contact Name: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ FAX:(\_\_\_\_\_) \_\_\_\_\_