

Please return form to:

FREEMAN	
9900 BUSINESS PARKWAY	
LANHAM, MD 20706	
Attn: EXHIBITOR SERVICES	
Phone: 301-918-7975	Fax: 469-621-5609

NAME OF SHOW: **CLEAN ATLANTIC / MAY 18 - 19, 2010**

EXHIBITING COMPANY NAME: \_\_\_\_\_ BOOTH #: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ BOOTH SIZE: \_\_\_\_\_ X \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*If your company plans to use a firm which is not the official service contractor as designated by Show Management, please complete this form and mail to the address listed above.*

Company Name: \_\_\_\_\_ Booth No.: \_\_\_\_\_

Contact at Show: \_\_\_\_\_

Exhibitor Appointed Contractor: \_\_\_\_\_

Address of Contractor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Service to be Performed: \_\_\_\_\_

\_\_\_\_\_

*Inform your **Exhibitor Appointed Contractor** that they **MUST** send a copy of their General Liability Insurance Certificate no later than **30 days** prior to the first day of exhibitor move-in or they will not be permitted to service your exhibit.*

*It is the responsibility of the exhibitor to see that each representative of an Exhibitor Appointed Contractor abides by the official rules and regulations of this event.*

*This form must be received 30 DAYS PRIOR TO THE FIRST DAY OF EXHIBITOR MOVE-IN.*

NOTIFICATION OF INTENT TO USE EAC