



## EXHIBITOR APPOINTED CONTRACTOR (EAC) FORM

**DEADLINE: JANUARY 6, 2012**

**TO THE EXHIBITOR: Forward this Form to the contractor after completing the top portion.**

If you plan to use the services of an independent set-up contractor or display house, rather than those services offered by The Merchandise Mart, Show Management must be notified, using this form, by the deadline date.

Booth Name: \_\_\_\_\_ Booth Number: 8 \_\_\_\_\_

Ordered by: \_\_\_\_\_

Exhibitor Responsible at the Show Site: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**TO THE CONTRACTOR: Return this form with certificate of insurance to the address below by JANUARY 6, 2012.**

Provide below the names of full-time employees who will be working in the booth listed above, and the dates work is contracted for. Services provided must not conflict with existing labor regulations or contracts, and the independent contractor shall adhere to the regulations set up by Show Management regarding entrance.

This form, accompanied by a Certificate of Insurance showing possession of a public liability and property damage insurance policy of not less than \$2,000,000, and Workmen's Compensation Insurance to cover employees, must be submitted by the contractor and approved by Show Management or access will be denied. The certificate of insurance must name MMPI, Merchandise Mart L.L.C., 350 North Orleans L.L.C., Vornado Realty Trust and Vornado Realty L.P. as additional insured. By submitting this form, the independent contractor named below hereby agrees to conform to guidelines contained in the exhibitor manual. If your client has not supplied to you a copy of the Exhibitor Guidelines, you may request a copy from Show Management.

Name of Contractor: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates For Contracted Work: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Name of Authorized Personnel \_\_\_\_\_ Name of Authorized Personnel \_\_\_\_\_

Name of Authorized Personnel \_\_\_\_\_ Name of Authorized Personnel \_\_\_\_\_

Name of Authorized Personnel \_\_\_\_\_ Name of Authorized Personnel \_\_\_\_\_

Mail or Fax this form to: **Chicago Collective January 2012, Attn: Walter Young, 222 Merchandise Mart Plaza, Suite 470, Chicago, IL 60654, PH: (312) 527-7988, FAX: (312) 379-6030; EMAIL: [wyoung@mmart.com](mailto:wyoung@mmart.com)  
[www.exhibitorinfo.com](http://www.exhibitorinfo.com)**

