

EXHIBITOR APPOINTED CONTRACTOR (EAC) FORM

DEADLINE: NOVEMBER 6, 2009

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 NOVEMBER 6, 2009.

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 Merchandise Mart Properties, Inc., 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 _____

E-Mail or Fax this form to: **2009 One of a Kind Show and Sale®, Attn: Lauren Serantoni**
PHONE: (312) 527-3066, FAX: (312) 527-7998, E-Mail: lserantoni@mmart.com

