

EXHIBITOR APPOINTED CONTRACTOR (EAC) FORM
Merchandise Mart Properties, Inc. – Fall 2007

Plaza Suites

Suites at Market Square

DEADLINE: August 20, 2007

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 Show Management, we **must be notified, using this form, by the deadline date.**

EXHIBITOR RESPONSIBLE AT SHOW SITE: _____

HOME/OFFICE PHONE NUMBER: _____

Any customizations that involve altering the standard suite walls must be reviewed by Show Management.

TO THE CONTRACTOR: Return this form with Certificate of Insurance by August 20, 2007.

Provide below the names of full-time employees who will be working in the suite 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 \$1,000,000 and Workmen's Compensation Insurance to cover employees, must be submitted by the contractor and approved by Show Management or access will be denied. By submitting this form, the independent contractor named below hereby agrees to confirm to guidelines contained in the exhibitor kit. 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

DATES FOR CONTRACTED WORK

PHONE NUMBER:

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

RETURN TO: Merchandise Mart Properties, Inc. – Fall 2007

Attn: Paul Sperano
305 West High Street
High Point, NC 27260
Phone: 336.821.1540
Fax: 336.821.1586