

Please return form to:

ALM  
 Attn: Krishna Patel, Senior Operations Manager, Events Division  
 120 Broadway, 5th Floor  
 New York, NY 10271  
[krpatel@alm.com](mailto:krpatel@alm.com)  
 AND  
 Freeman  
 2000 Easton Blvd  
 Des Moines, IA 50317  
[FreemanDesMoinesES@freemanco.com](mailto:FreemanDesMoinesES@freemanco.com)

**NOTIFICATION OF INTENT  
 TO USE EXHIBITOR  
 APPOINTED CONTRACTOR**



**DEADLINE DATE  
 30 DAYS PRIOR  
 TO MOVE-IN**

**USA EXHIBITORS ONLY**

**NAME OF SHOW** \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_ **BOOTH#** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
(STREET) (P.O. BOX) (CITY) (STATE) (ZIP)

**ORDERED BY** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **PHONE#** ( ) \_\_\_\_\_  
(PLEASE PRINT)

**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.*