

November 9-10, 2011 • Palais des congrès de Montréal • Montréal, QC Canada

## EXHIBITOR APPOINTED CONTRACTOR FORM

If you intend to use an Exhibitor Appointed Contractor please complete this section.

**Authorized Representative:** \_\_\_\_\_

**Company Name / Booth Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province / State:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Postal / Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

An Exhibitor Appointed Contractor is any company other than the official service contractors listed in the service kit. Exhibitors are responsible for informing specific appointed contractors of the above requirements and for ensuring their compliance. Any and all outside vendors must fulfill the following requirements.

- Current Workers Compensation Insurance certificate.
- A certificate showing adequate general liability and property damage coverage specific to Canadian Waste & Recycling Expo including the Move-in, Move-out dates and naming Canadian Waste & Recycling Expo, its directors, officers, agents and employees as "Additional Insured and as Certificate Holder." Must be received by October 1, 2011.
- An "Exhibitor Appointed Independent Contractor Form" signed by the Exhibitor. Forms from exhibit houses, public relations companies, etc. will not be accepted. The authorization form must be returned from the exhibiting company and received by October 1, 2011.
- A complete list of exhibitors, which the EAC intends to service.

*Failure to fulfill the above requirements will jeopardize the EAC's ability to obtain proper badges and admission to the exhibit floor. All requirements are due by **October 1, 2011**. Please mail, or fax all correspondence to the address listed at the bottom of this form.*

## TO BE FILLED OUT BY THE EXHIBITOR APPOINTED CONTRACTOR

**Contractor / Display House:** \_\_\_\_\_

**Exhibiting Company / Booth #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province / State:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Postal / Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please return this form by fax or e-mail by October 1, 2011**

Fax to 770.984.8023

E-mail: [Mary.Guo@USA.MesseFrankfurt.com](mailto:Mary.Guo@USA.MesseFrankfurt.com)