WORK AUTHORIZATION REQUEST FORM FOR AN EXHIBITOR-APPOINTED CONTRACTOR

DEADLINE: FEBRUARY 9, 2012

All exhibitors using an Exhibitor-Appointed Contractor must return this form.

We will be utilizing the services of the following Exhibitor-Appointed Contractor (EAC). The contractor's certificate of insurance is attached.

EAC Company Name: _____

Services provided: _____

EAC contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Is this company authorized to order services on your behalf? (Please circle one) Yes No

The following must also be completed:

Exhibiting Company: _____

Contact: _____

Booth #: _____ Telephone: _____

I hereby authorize the company noted above to perform services on our behalf. They have been provided with a copy of the Wisconsin Restaurant Association Rules and Regulations as noted in the Exhibit Space contract and this Service Manual and agree to abide by the same.

Name (please print) _____

Signature _____ Date _____

SEND FORM WITH PAYMENT TO:

Ryan Pettersen
Wisconsin Restaurant Association
2801 Fish Hatchery Road, Madison, WI 53713
Fax: 608.270.9960
Email: rpettersen@wirestaurant.org

QUESTIONS?

Contact Ryan Pettersen
Phone: 800.589.3211 or 608.270.9950
Email: rpettersen@wirestaurant.org