



WWW.VALLEYEXPODISPLAYS.COM  
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EXHIBITOR  
APPOINTED  
CONTRACTOR

# Wisconsin Restaurant Expo 2012

Frontier Airlines Center, March 12 - 14, 2012

AUTHORIZATION FORM

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

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

ORDERED BY \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

If your company plans to use a contractor, 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 regulation of this event.

BOOTH NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

