



500 Interstate W. Pkwy
 Lithia Springs, GA 30122
 Toll Free: 800-322-9452
 Ph: 770-745-1001 Fax: 770-745-4267

NON-OFFICIAL
 CONTRACTOR FORM

Extending Brands into Experience

DEADLINE DATE: JULY 28, 2008

CONTRACTOR:

MC²
500 INTERSTATE WEST PKWY.
LITHIA SPRINGS, GA 30122

All exhibitors who have appointed a hired agent or agents with authority to represent the exhibitor in its arrangements with MC² **must guarantee payment for all charges incurred by the agent for the exhibitor** before any orders for designers, or installers; advertising or public relations agencies or any other person or firm engaged by the exhibitor, other than the exhibitor's own employees, to arrange for its exhibit services.

Exhibitors wishing to use a contractor other than the official contractor to setup and dismantle their exhibits **must complete this form and return it to us by the deadline date listed above.**

All agents representing the exhibitor must be fully identified by the official badge. All agents or representatives who are performing services other than the exhibitor's own employees must provide management with Certificates of Insurance at the time that a request for an exception is made. These Certificates of Insurance must include public liability and property damage insurance for at least \$1,000,000.00 and workman's compensation insurance in accordance with local laws.

Exhibit Company		Booth Space No.
Authorized By		
Title		Phone
Contracting Company Name		
Contracting Company Address		
Estimated Arrival at Show	No. of Workers	Indicate One: <input type="checkbox"/> invoice authorized agent <input type="checkbox"/> invoice exhibitor

**RETURN THIS FORM AND INSURANCE CERTIFICATE TO THE ADDRESS LISTED ABOVE.
 IF WE DO NOT RECEIVE THIS INFORMATION BY THE DEADLINE DATE, MC² WILL SET THE EXHIBIT.**

Payment Police: 100% advance payment must accompany your order to qualify for any advance prices. All orders received without advance payment or at the Service Desk will be charged the Floor Price. All invoices must be settled at the Service Desk prior to close of show. We accept VISA, Mastercard and American Express. Please return this form with check or payment information to the above address.

Exhibitor Name:	Telephone #:	Booth #:
Billing Address:	Fax #:	
City/State/Zip:	Authorized by:	
Show Name:		
AFITC 2008		