ABX19

Exhibitor Appointed Contractor (EAC) Acceptance Form
Deadline: November 1, 2019

Exhibitor Appointed Contractors must complete this form and submit it and your Certificate of Insurance to ABX Show Management. You must also submit a payment of $300 per exhibitor you are representing. Please review all EAC Regulations, insurance requirements, and the credit card form on the following pages. All steps must be completed prior to gaining access to the show floor at ABX 2019 in Boston, MA.

EXHIBITOR APPOINTED CONTRACTOR INFORMATION

Company Name: _____

Address: _____

City/State/Zip: _____

Contact Name/Title: _____

Email Address: _____ _____ Phone Number: _____

We agree to abide by all rules and regulations governing EACs for the ArchitectureBoston Expo 2019 (see following page for details).

_____
EAC Representative's Printed Name

_____ Date: _____
EAC Representative's Signature

Please list ALL exhibiting companies that you will be representing on-site (provide a full list if more):

Company Name	Booth #	Company Name	Booth #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this completed EAC Acceptance Form and your Certificate of Insurance to jennifer.holden@informa.com no later than November 1, 2019. The payment form is on Page 3.

Requirements of the Exhibitor Appointed Contractor (EAC)

- EACs must provide a Certificate of Insurance with at least the following limits:
  - o Comprehensive General Liability not less than $1,000,000 with respect to injuries to any one person in one occurrence; $2,000,000 with respect to injuries to more than one person in any one occurrence; and $500,000 with respect to damage of property;
  - o Workers' Compensation Insurance, including employee liability coverage, in a minimum amount not less than $1,000,000 of individual and/or aggregate coverage;
  - o Naming ArchitectureBoston Expo, Freeman, Informa Exhibitions and the Boston Convention and Exhibition Center as additional insured.

- EACS agree to abide by all rules and regulations of the show, per their exhibitor's ABX booth contract. This includes the recommended exhibitor program around sustainability.

- EACs will wear identification badges at all times. Temporary labor wristbands will be provided by security upon entry. Wristbands will be issued only to representatives of said contractor assigned to supervise, install, dismantle or maintain exhibits and exhibit-related equipment.

Rules and Regulations Governing EACs

- The EAC will refrain from placing an undue burden on the Official Contractors, specifically by not interfering in any way with the Official Contractor's work.

- The EAC will not solicit business on the show floor at any time.

- The EAC will cooperate with the Official Contractors and with existing labor regulations/contracts as determined by the commitment made and obligations assumed by Show Management.

- Show Management will not provide access to the Exhibitor Service Manual until all fees and a Certificate of Insurance has been received.

Move-In		
Monday	November 4, 2019	1:00 pm – 5:00 pm
Tuesday	November 5, 2019	8:00 am – 5:00 pm
Move-Out		
Thursday	November 7, 2019	6:00 pm – 10:00 pm
Friday	November 8, 2019	8:00 am – 2:00 pm

*Note: Security will be handing out wristbands to confirmed EACs during move-in/out.

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Please complete the following information to make a payment to ABX via credit card. The EAC fee is $300 per exhibiting company.

Exhibiting Company information

Exhibiting Company Name(s): _____ Booth #(s):_____

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Exhibiting Company Name(s): _____ Booth #(s):_____

Exhibiting Company Name(s): _____ Booth #(s):_____

Billing Information

Company name: _____
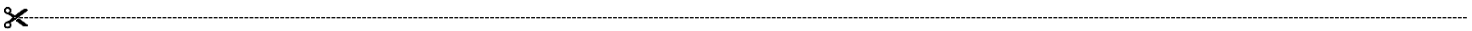
Cardholder name:_____

Billing address:_____

City: _____State: _____ Zip code: _____

Invoice #:_____ Booth #: _____

Amount to charge: _____ Date: _____

Cardholder signature*: _____

For security reasons digital signatures are not accepted.

If you need any additional information, please contact Jennifer Holden at jennifer.holden@informa.com

Fax completed forms to the Accounting department at 972.550.5390. Emailed copies will not be accepted.

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This section will be shredded once the card has been approved.

☐ Visa   ☐ MasterCard   ☐ American Express   PCI COMPLIANT

Card #:

_____

CVV Code: _____ Expiration Date: _____