

Please return form to:

<p>American Telemedicine Association 1000 Connecticut Ave NW, Ste 540 Washington, DC 20036 ata2016@americantelemed.org AND Freeman 2000 Easton Blvd Des Moines, IA 50317 FreemanDesMoinesES@freemanco.com</p>
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**NOTIFICATION OF INTENT
TO USE EXHIBITOR
APPOINTED CONTRACTOR**



<p>DEADLINE DATE 30 DAYS PRIOR TO MOVE-IN</p>
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USA EXHIBITORS ONLY

NAME OF SHOW _____

COMPANY NAME _____ BOOTH# _____

ADDRESS _____
(STREET) (P.O. BOX) (CITY) (STATE) (ZIP)

ORDERED BY _____ TITLE _____ PHONE# () _____
(PLEASE PRINT)

SIGNATURE _____ DATE _____

If your company plans to use a firm 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 regulations of this event.

This form must be received 30 DAYS PRIOR TO THE FIRST DAY OF EXHIBITOR MOVE-IN.