

## 2026 AMPP Annual EXHIBITOR APPOINTED CONTRACTOR (EAC) FORM

If your company plans to utilize the services of any independent contractors other than Freeman, the official general service contractor designated by AMPP, this form must be completed and signed by a representative of the exhibiting company 30 days prior to move in. The EAC must also submit a copy of their certificate of liability insurance to exhibitsdepartment@ampp.org by Friday, February 6th, 2026.

Exhibiting Company:	Booth #:	
Exhibitor Contact:		
Exhibitor Phone:	Exhibitor Email:	
Exhibitor Signature:	Date:	
The authorized signature confirms that th Exhibitor Appointed Contractor(s) and the	ne exhibiting company has committed to use the services ey agree:	of the following
☐ The EAC/contractor must be licen Contractors must adhere to all ru	rules and regulations as outlined in the Exhibitor Kit. used, insured, and authorized to work in the George R Brodles and regulations of Center, and the local unions. te insurance coverage as outlined in the Exhibitor Rules & Sec.	
EAC Information:		
EAC Company Name:		
Pre-Show EAC Contact:		
Address:		
City:	State: Zip Code:	
EAC Phone:	EAC Email:	
Onsite EAC Contact:		
EAC Onsite Phone:	EAC Onsite Email:	
Number of EAC Wristbands Needed*: *EACs will be required to pick up their wristbands fr	rom security at E xhibit Hall Entrance. EACs will only be allowed acces.	s to the

Please email this completed form along with a copy of the certificate of liability insurance to exhibitsdepartment@ampp.org by Friday, February 6th, 2026. Please do not return this form to Freeman.

exhibitor will need to register the EAC for an event badge.

Personnel must have proof of company affiliation and photo ID. If an EAC needs access to an exhibitor's space at any other time, the