



TRIUMPH
expo & events inc.

12614 Interurban Ave. So.
Seattle, WA 98168
ph 206.431.1010
fax 206.431.4846
www.triumphexpo.com

**THE FRANCHISE & BUSINESS
OPPORTUNITIES EXPO 2012**
Washington State Convention Center
September 8 - 9, 2012
DISCOUNT PRICE DEADLINE - Friday, August 24, 2012

COMPANY _____ BOOTH#(S) _____

! PLEASE SEND PAGES WITH ITEMS SELECTED AND TRANSFER ALL TOTALS TO PAYMENT SUMMARY PAGE

Exhibitor Appointed Contractor (EAC) Approval Form

Exhibitors are allowed to use the services of an Exhibitor Appointed Contractor (EAC) provided the following conditions are met:

THE EXHIBITOR is required to complete and return this form as well as the "Third Party Authorization Form" included with this Exhibitor Kit. Both forms must be filled out completely, including credit card information. The forms must be signed by both parties and returned to Triumph Expo & Events Inc. at least 30 days prior to the show opening.

THE EXHIBITOR APPOINTED CONTRACTOR (EAC) is required to provide a certificate of liability insurance of no less than \$1,000,000 property damage, loss or personal injury in the form of a policy rider furnished by their broker to Show Management and to Triumph Expo & Events Inc. (TE&E) along with a complete list of the exhibitors they intend to serve, at least 30 days prior to the show opening. The EAC must also be able to provide, upon request, the current workmen's compensation insurance certificates from the State of Washington as well as current labor contracts. The EAC must furnish to Show Management and TE&E a list of emergency contact names, addresses and phone numbers. All EAC personnel must be properly badged or identified at show site.

**THE EAC MUST USE LOCAL CARPENTER UNION LABOR TO INSTALL AND DISMANTLE THE EXHIBIT OR DISPLAY.
NO PERMISSION WILL BE GIVEN TO USE AN EAC FOR THE PERFORMANCE OF THE FOLLOWING TASKS:**

PLUMBING ELECTRICAL TELEPHONE LINES DRAYAGE RIGGING BOOTH CLEANING CATERING

EXHIBITOR INFORMATION

I am the representative of the exhibiting company named at the top of this form and have authorized the EAC named below to supervise the installation and dismantle of our exhibit. It is my company's responsibility to inform the EAC of all requirements stated on this form and to assure that the EAC adheres to all show, facility, and union rules. I understand that the exhibiting company is ultimately responsible for the payment of any charges incurred by the EAC, and that in the event the EAC does not submit payment prior to the last day of the show, such charges will be submitted to the exhibiting company for payment. I authorize the use of the credit card information below to charge any payment due. ALL INVOICES MUST BE SETTLED BY THE EXHIBITING COMPANY BY THE CLOSE OF THE SHOW.

Exhibitor Name _____ Signature _____

Credit Card Account # _____ Exp Date _____ Personal Company

EAC INFORMATION

EAC Company Name _____

Address _____

City/State/Zip _____

Contact and/or On Site Rep _____

Ph _____ Fax _____ E-Mail _____

Comments _____



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THIRD PARTY AUTHORIZATION

for use of an Exhibitor Appointed Contractor (EAC)

We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges and agree to be bound by all terms and conditions as described in the Terms and Conditions section of this Exhibitor Kit. In the event that the third party does not submit payment of the invoice prior to the last day of the show, charges will revert back to the exhibiting company. All invoices are payable upon receipt, by either party. The items checked below are to be invoiced to the third party.

- | | |
|---|--|
| <input type="checkbox"/> ALL SERVICES | <input type="checkbox"/> RENTAL FURNITURE AND CARPET |
| <input type="checkbox"/> BOOTH CLEANING | <input type="checkbox"/> GRAPHICS |
| <input type="checkbox"/> I&D LABOR - SUPERVISION | <input type="checkbox"/> OTHER SERVICES |
| <input type="checkbox"/> MATERIAL HANDLING - IN & OUT | |

THIRD PARTY AGENT INFORMATION

Agent/Cardholder Name _____ Signature _____

Credit Card Account # _____ Exp Date _____ Personal Company

Billing Address _____

Billing City/State/Zip _____

Third Party Company Name _____

Third Party Billing Address _____

Third Party City/State/Zip _____

Ph _____ Fax _____ E-Mail _____

EXHIBITOR INFORMATION

Exhibitor Name _____ Signature _____

Exhibitor Company Name _____ Booth# _____

Exhibitor Address _____

Exhibitor City/State/Zip _____

Ph _____ Fax _____ E-Mail _____