

Please return form to:

DEADLINE DATE

May 15, 2023

<p>BECKER'S HEALTHCARE 17 N State St, Suite 1800 Chicago IL 60602</p> <p>Attn: Lauren Farley Email lfarley@beckershealthcare.com</p>
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NAME OF SHOW: _____

EXHIBITING COMPANY NAME: BOOTH #: _____

PRINT NAME _____ BOOTH SIZE: _____

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.

NOTIFICATION OF INTENT TO