



NOTIFICATION OF INTENT TO USE EXHIBITOR

If your company plans to use a firm who is not an official service contractor as designated by Show Management, please complete this form and submit to ellynh@amecme.com

Assigned Booth #: _____

Exhibiting Company's Name: _____

Contact at Show: _____

Exhibitor-Appointed Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Type of Service to be Performed:

Email by Friday, January 6, 2025, the Exhibitor-Appointed Contractor Form along with a valid Certificate of Liability Insurance that includes:

- Commercial general liability coverage, product liability coverage, and broad property-damage endorsement with combined and single limits of liability of not less than \$1 million per occurrence
- The certificate of liability insurance must name AF Symposium and Omni Boston Hotel at the Seaport, 450 Summer Street, Boston, MA 02210 as additional insured
- Certificates of liability insurance for EACs must indicate the name of the exhibiting company/organization and booth # that they are representing in the description area of the certificate of insurance. If said information is not included, the certificate of liability insurance will NOT be accepted.

EMAIL: ellynh@amecme.com