



EXHIBITOR APPOINTED CONTRACTOR (EAC) TEMPORARY BADGE REQUEST FORM



EXHIBITOR SERVICE KIT

It is the responsibility of the Exhibitor Appointed Contractor EAC to fill this form and submit it prior to June 12, 2013 in order to request adequate number of temporary badges for their labor. THE BADGES WILL BE PICKED UP FROM SHOW SITE.

EXHIBITOR INFORMATION

Exhibiting Company: _____ Booth #: _____

Exhibitor On Site Contact: _____ Cell # _____

EXHIBITOR APPOINTED CONTRACTOR CONTACT INFORMATION

Company Name: _____ Number of badges for M/I & M/O: _____

Office Contact: Phone #: () _____

Onsite Foreman Name: _____ Cell # () _____

PAYMENT METHODS

- Enclosed is the \$70.00 EAC Registration Fee. (Payable to AWFS)
Mail to: AWFS®, 500 Citadel Drive, Suite 200, Commerce, CA 90040

Credit Card Payment may be faxed to 323-201-8239 or mailed. Card Type:

Visa
 American Express
 Master Card
 Credit Card Amount: \$ _____

_____ Card Number

Exp. Date

Cardholder's Name:

Card Billing Address:

City: _____ State: _____ Zip: _____

I authorize AWFS® to charge my account for the amount listed above.

Note: PAYMENT IN FULL on the estimated total cost of service MUST be received PRIOR to acceptance of order.

NOTE:

Exhibitor Appointed Contractor will NOT be allowed on the exhibit floor without having submitted their insurance certificate, payment, this form, and any other documentation required by Show Management prior to June 12, 2013. Submission of required documents and confirmation of receipt by Show Management is the sole responsibility of the EAC Company.

I have read and understand the guidelines regarding Exhibitor Appointed Contractor (EAC) credentials and show access.

Foreman Signature: _____ Date: ____/____/____

Return to: 2013 AWFS® Fair Attn: Kim Roehricht
 500 Citadel Drive, Suite 200, Commerce, CA 90040 USA
 Phone: 800-946-AWFS (in the U.S.); 323-838-9440 (outside of the U.S.) Fax: 323-622-0321
 or Email: kim@awfs.org