

EXHIBITOR APPOINTED CONTRACTOR

****If you are not using the services of the official decorator (Stronco), this form must be completed and submitted by the deadline date stated above.***

Exhibiting Company _____

Booth No _____

Contact _____ Phone _____

Please be advised that the following company will be used for the set up and tear down of our booth for the upcoming

Stronco

Other (please provide details below)

Exhibitor Appointed Contractor _____

Contact _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

E-mail _____

Liability insurance form attached ___ Yes ___ No ___ To Follow ___

Please note proof of liability insurance must be submitted by the Exhibitor Appointed Contractor.

FAX COMPLETED FORM TO: 905-270-6771 Tel: 905-270-6767