

Please return form to:  
Bridget Flynn ADHA  
444 N. Michigan Ave, Suite 3400  
Chicago, IL 60611  
Phone: (312) 440-8931  
Fax: (312) 467-1806  
Email: exhibits@adha.net

**NOTIFICATION OF INTENT TO USE  
EXHIBITOR APPOINTED CONTRACTOR**

**DEADLINE DATE**

**May 11, 2016**

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 mail to the address listed above.

Company Name: \_\_\_\_\_ Booth No.: \_\_\_\_\_  
Contact at \_\_\_\_\_ Show: \_\_\_\_\_  
Exhibitor Appointed \_\_\_\_\_ Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_

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.

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NAME OF SHOW 2016 ADHA CLL at the 93rd Annual Session 6/10/16-6/11/16 (move-in 6/9)  
COMPANY NAME \_\_\_\_\_ BOOTH# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
(STREET) (P.O. BOX) (CITY) (STATE) (ZIP)  
ORDERED BY \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
PHONE# ( ) EXT. \_\_\_\_\_ FAX# ( ) E-MAIL \_\_\_\_\_