INDEPENDENT DISPLAY HOUSE/CONTRACTOR NOTIFICATION

RETURN TO: Expo Event Services ● 1700 York Ave Suite 2T ● New York, NY 10128 ● P: (201) 300-2782 ● F: (917) 591-8316 ● Email: orders@expoeventservices.com

COMPANY	EMAIL ADDRESS	BOOTH NUMBER

ADDRESS STREET	CITY	STATE	ZIP	COUNTRY

Phone	Fax	PO Number

AUTHORIZED CONTACT SIGNATURE	AUTHORIZED CONTACT - PLEASE PRINT	DATE

Please complete and return this form by the Deadline above only if you are planning to use any company other than Expo Event Services for the installation or dismantling of your exhibit.

INDEPENDENT DISPLAY HOUSE CONTRACTORS

Yes, we will be using an independent display house/contractor to install and/or dismantle our display and have completed the following questions.

Exhibiting Company Name:_____Booth Number:_____

Exhibiting Contact Person:_____Phone Number:_____

Contractor Company to be utilized:_____

Address:_____

Contractor Contact Name:_____Contractor Phone Number:_____

INDICATE WHAT SERVICES ARE TO BE CHARGED TO THIRD PARTY

*Look at each individual order form to confirm what company is providing services ordered on that specific form. The third party billing information above and below is for use by Expo Event Services only, therefore if a service that you have ordered is being provided by someone other than Expo Event Services, you need NOT indicate that particular service below:

☐ EXHIBIT FURNITURE RENTAL
☐ DRAYAGE SERVICES
☐ DISPLAY LABOR
☐ MISC. - PLEASE LIST:_____

NOTE: Some order forms for furnishings and/or services listed above may be enclosed if a specific service or item is not offered for this Event. If you have any questions, please contact Expo Event Services.

*Exhibiting company clearly understands that exhibiting company is ultimately responsible for payment of any and all services invoiced to third party which remain unpaid at close of show.

I have notified our independent display house/contractor of the rules and regulations requiring them to submit a Certificate of Insurance to Expo Event Services by the above deadline date.

_____ _____

Authorized Contact Signature Date Authorized Contact (Print)

All orders are subject to the terms and conditions as outlined on the payment form.