

Please return form to:

DEADLINE DATE

JULY 28 2021

<p>HMP GLOBAL 70 E SWEDES FORD ROAD, SUITE 100 MALVERN, PA 19355</p> <p>Attn: ALISON DUFNER Email: adufner@hmpglobal.com</p>
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NAME OF SHOW: AMP 2021 / AUGUST 11-14, 2021

EXHIBITING COMPANY NAME: _____ BOOTH #: _____

PRINT NAME: _____ BOOTH SIZE: _____ X _____

SIGNATURE: _____ DATE: _____

If your company plans to use a firm which is not the 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 of Contractor: _____

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 **15 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 15 DAYS PRIOR TO THE FIRST DAY OF EXHIBITOR MOVE-IN.

NOTIFICATION OF INTENT TO USE eac