



# 2024 Spring Conference & Expo

## EAC Information

**This form must be completed and signed by the exhibiting company.** Signatures by any other party, including the EAC company, will not be accepted as valid. Return this completed agreement, in addition to the EAC’s certificate of liability insurance, to ENTELEC Show Management prior to March 8, 2024. ENTELEC MUST RECEIVE BOTH FORMS IN ORDER FOR THE EAC TO GAIN ADMITTANCE TO THE SHOW FLOOR.

**EAC’s will NOT be allowed to perform the following services: electrical, plumbing, telecommunications, material handling, booth cleaning, security, catering, rigging, or lead retrieval.**

### EXHIBITING COMPANY INFORMATION

Company Name: \_\_\_\_\_ Booth Number: \_\_\_\_\_  
Pre-Show Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Onsite Contact Name: \_\_\_\_\_ Onsite Cell: \_\_\_\_\_

I certify that I have authorized the Exhibitor Appointed Contractor listed below to act on my behalf in my exhibit booth at the **2024 ENTELEC Conference & Expo**. Knowing that the contractor is my official representative, I further certify that the contractor will adhere to all show and facility regulations as if my own employee. The contractor will be informed that **All Insurance** is required by **March 8, 2024**. I understand that my company is ultimately responsible for the contractor while onsite at the 2024 ENTELEC Conference & Expo. I have also provided our EAC with a link to the online Exhibitor Service Kit.

I also agree to indemnify and hold harmless ENTELEC, Mpire Management Group and its agents, Freeman and the George R. Brown Convention Center from any act or situation which would cause ENTELEC, Mpire Management Group and its agents, Freeman and the George R. Brown Convention Center to become liable or suffer losses, damages, injuries, claims, demands and expenses including legal expenses, due to the presence or actions of the exhibitor-appointed contractors.

\_\_\_\_\_  
*Signature of Exhibiting Company Contact* *Title* *Date*

### EAC COMPANY INFORMATION

Type of Work To be Performed: \_\_\_\_\_  
EAC Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Onsite Contact Name: \_\_\_\_\_ Onsite Cell: \_\_\_\_\_

[Submit Application to Christi Jones at Christi@entelec.org](mailto:Christi@entelec.org)