

Please return form to:

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DEADLINE DATE
APRIL 13, 2019

NAME OF SHOW: **ATS 2019 INTERNATIONAL CONFERENCE / MAY 17 - 22, 2019**
COMPANY NAME _____ BOOTH #: _____
CONTACT NAME: _____ PHONE #: _____
E-MAIL ADDRESS _____

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.