

Please return form to:

American Thoracic Society
Attn: Exhibition Operations
25 Broadway 4th Fl.
New York, NY 10004
Email: mwhyte@thoracic.org



DEADLINE DATE
APRIL 17, 2024

ATS 2024 International Conference

NAME OF SHOW: Conference: May 17 - 22, 2024 / Expo: May 19 - 21, 2024
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. Please include the exhibiting company name and booth number on the Certificate of Insurance.

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.

notification of intent to use Exhibitor Appointed Contractor