

AMERICAN BUS ASSOCIATION

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DEADLINE DATE
DECEMBER 13, 2019

NOTIFICATION OF INTENT to use each

NAME OF SHOW: **AM BUS ASSN MARKETPLACE 2020 / JANUARY 11 -14, 2020**

EXHIBITING COMPANY NAME: _____ BOOTH #: _____

PRINT NAME: _____ BOOTH SIZE: X

SIGNATURE: _____ PHONE#: _____

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 **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**.*