NOTIFICATION OF INTENT To Use EAC

Please return form to:

CASE MGMT SOC OF AMERICA
DONNA LOPORTO
6201 RANCH DRIVE
LITTLE ROCK, AR 72223
501-673-1116
dloporto@fraserimagineers.com

DEADLINE DATE
May 5, 2019

NAME OF SHOW: CMSA’S 29TH ANNUAL CONFERENCE / JUNE 10-14, 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 Li-
ability 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.