



Exhibitor-Appointed Contractor Form

If your company plans to use ANY non-official, exhibitor-appointed contractor for labor supervision not listed as an official contractor, this form must be completely filled out and signed by a representative of the Exhibiting Company. An Original Certificate of Insurance must be submitted by your non-official Exhibit-Appointed Contractor in order for them to gain access to the show floor.

All forms and insurance certificates must be returned to John Russell via fax: 202-448-8734 or by e-mail to jrussell@aphanet.org by **February 16, 2018**.

Exhibiting Company Information

Company Name: _____ Booth #: _____

Exhibit Contact: _____ Contact Phone: _____

Contact Email: _____ Fax: _____

Contact Signature: _____ Date: _____

The authorized signature confirms that the exhibiting company has committed to use the specified services of the following Exhibitor Appointed Contractor(s) for Continuity Insights and they agree to abide by all show rules and regulations.

Exhibitor-Appointed Contractor Information

Company Name: _____

Pre-Show Contact: _____ Contact Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Email: _____ Fax: _____

On-Site Contact: _____ Phone: _____

American Pharmacists Association
Attn: John Russell
2215 Constitution Avenue, NW
Washington, DC 20037
jrussell@aphanet.org
Phone: 202-429-7570 Fax: 202-448-8734