

### **EAC/Non-Official Contractor Notification Submission Instructions:**

An EAC (Exhibitor Appointed Contractor)/Non-Official Contractor is a company other than the official contractors listed in the exhibitor service manual providing a service (installation and dismantling labor, floral, photography, audio visual, computer rental and other related services) and requiring access to your booth during move-in and move-out. Please refer to the [Contact Information page](#) for a complete list of Official Contractors

All exhibiting companies/organizations that choose to use an EAC/Non-Official Contractor are required to submit this form, via the online [Exhibitor Resource Center](#), comply with all rules and regulations and supply necessary information by the **Wednesday, April 25** deadline.

### **RULES & REGULATIONS REGARDING EXHIBITOR APPOINTED CONTRACTORS (EAC)**

EACs/Non-Official Contractors will be required to use labor supplied by the appointed contractor unless the following requirements are fulfilled:

- Exhibitors must return this completed form to ASCO Exhibit Management (SPARGO, Inc.) by the **Wednesday, April 25** deadline.
- EAC/Non-Official Contractors must provide a Certificate of Liability Insurance naming ASCO, SPARGO, Inc., Freeman, McCormick Place, Metropolitan Pier and Exposition Authority and SMG as additional insured. The Certificate of Liability Insurance must include Comprehensive General Liability coverage with limits not less than \$1,000,000 including Contractual Liability and Products Liability coverage and Workman's Compensation in accordance with local law. Please see the "sample certificate of liability insurance" on the following page. Certificates of Liability Insurance must indicate the name of the exhibiting company and booth number that they are representing in the description area of the certificate. Certificates will be discarded if this information is not supplied.
- All EAC/Non-Official Contractors must also be authorized to work in McCormick Place as an "event contractor." For more information please visit the [McCormick Place website](#) or contact Show Operations at [showoperations@mccormickplace.com](mailto:showoperations@mccormickplace.com).
- All EAC/Non-Official Contractor personnel must be properly identified and are required to wear show-designated wristbands during move in/move out or an official ASCO Annual Meeting badge on show site. Additional information on this process will be emailed to the supervisor listed on this form the week of May 14.
- The show aisles and public spaces are not part of the exhibitor's booth. Therefore, the EAC is required to confine all activities to the exhibit space of the exhibitor who has given the valid order for services.
- EAC/Non-Official Contractors may not solicit from outside of their booth or elsewhere in the meeting venue, including at educational and scientific meeting rooms and poster sessions, and may not canvass in any part of the Exhibit Hall or Meeting venue.
- McCormick Place is a smoke-free facility. No smoking is permitted anywhere in the facility.
- All bags, tool boxes, cartons, etc. removed from the show floor are subject to inspection.
- All personnel are required to follow all safety rules as set forth by ASCO, SPARGO, Inc., McCormick Place, and Freeman.
- Exhibitors are responsible for the conduct of their EAC/Non-Official Contractors.
- Any personnel found in an unauthorized or unattended booth will be cause for all associate personnel to be asked to leave for the day.

**WORKSPACE**

ASCO is requiring all EACs to have their work and staging areas set up directly at their client(s) contracted space and not in any other area such as the loading docks, food court, posters, etc. Please be sure to make arrangements to all for work and set up your operations at the space(s) which you/your client is contracted.

**LIABILITY WHEN YOU USE AN EXHIBITOR APPOINTED CONTRACTOR (EAC)**

If you decide to use the services of an Exhibitor Appointed Contractor (EAC, I & D, Display House), you should be aware that you assume third-party liability in the event that the EAC does not pay the general contractor or McCormick Place for charges incurred on your behalf.

**REMOVAL OF EXCESS TRASH**

Your contract with ASCO requires that the exhibit space be returned in the same manner in which it was received. Therefore, all carpet and padding must be rolled up and tape must be scraped off of the floor. Carpet, padding, promotional materials and display components must be removed from McCormick Place accordingly. It is the responsibility of the exhibitor appointed contractor to see that this condition is met. Exhibiting companies or the EAC/Non-Official Contractors that do not remove the excess trash from their booth space will be billed for the removal.

**BOOTH SETUP POLICY**

To avoid last-minute clean-up, EAC/Non-Official Contractors must make sure the exhibitor's booth is completely set (including product) by 4:30 PM, Friday, June 1.

**ACCESS TO THE EXHIBIT HALL**

All EAC/Non-Official Contractors are permitted on the exhibit floor ONLY during official move-in and move-out hours providing all required information and forms are supplied. Access to the exhibit floor for move out will be permitted at 5:00 PM (CDT) on Monday, June 4. This includes but is not limited to EAC personnel and their equipment.

Failure to comply with any or all of the above will result in refusal of the EAC/Non-Official Contractor access to the Exhibit Hall and the ability to service your exhibit for the remainder of the Meeting.

A sample certificate of insurance can be found on the last page.

If you have questions with regards to EAC/Non-Official Contractors, please contact Stephanie Houck or Eileen McGill, ASCO Exhibit Operations Management, at [ascoexhibits@spargoinc.com](mailto:ascoexhibits@spargoinc.com) or 703-631-6200.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/05/2018

<b>PRODUCER</b>  Insurnce Agent/Broker Name Insurnce Agent/Broker Street Address or P.O. Box Insurnce Agent/Broker City, State & Zip Code Contact & Phone Number	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Company Name Address Address City, State & Zip Code	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Policy #	5/26/2018	6/6/2018	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$1,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
						Contractual Liability	\$1,000,000
	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
	<input type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy #	5/26/2018	6/6/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	<input checked="" type="checkbox"/>	<b>OTHER</b> Property Damage	Policy #	5/26/2018	6/6/2018		\$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Additional Insured for the 2018ASCO Annual Meeting (Dates June 1-5, 2018) (Exhibit Dates June 2-4, 2018) servicing (Enter Exhibiting Company name here) at booth # \_\_\_\_\_:

American Society of Clinical Oncology, SPARGO, Inc., Freeman, McCormick Place, MPEA and SMG

<b>CERTIFICATE HOLDER</b>  American Society of Clinical Oncology 2318 Mill Road Suite 800 Alexandria, VA 22314 Phone: (571) 483-1300 Fax: (703) 299-0255	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE
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