

**SS2018** ANNUAL  
CANCER  
SYMPOSIUM  
March 21-24 Chicago, IL

THE EXCEPTIONAL SURGICAL ONCOLOGY EXPERIENCE  
**THE SPECTRUM OF INNOVATION  
AND APPLICATION**

## EXHIBITOR APPOINTED CONTRACTOR (EAC) INTENT FORM

An "Exhibitor Appointed Contractor" is a company other than the official contractors listed in the exhibitor manual, providing a service (installation and dismantling, florist, photography, audio visual, and other related services) and needing access to your booth during move-in and move-out.

All exhibitors who choose to use an Exhibitor Appointed Contractor MUST complete this form, comply with all rules & regulations and supply all necessary information by the **February 27, 2018 deadline**.

**THIS FORM WILL ONLY BE ACCEPTED IF FILLED OUT BY AN AUTHORIZED REPRESENTATIVE OF THE EXHIBITING COMPANY AND MUST BE ACCOMPANIED BY THE EAC'S CERTIFICATE OF INSURANCE.**

**Insurance certificates must list the Society of Surgical Oncology, SPARGO Inc.,  
Freeman and McCormick Place as additional insured.**

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### EXHIBITOR INFORMATION

Company Name: \_\_\_\_\_ Booth #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

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### EXHIBITOR APPOINTED CONTRACTOR INFORMATION

Contractor/Display House: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Arrival Time and Date for Move-In: \_\_\_\_\_  
Arrival Time and Date for Move-Out: \_\_\_\_\_  
Description of Proposed Service for Exhibitor: \_\_\_\_\_

Email this form including insurance certificate to Show Management [shirley.harris@spargoinc.com](mailto:shirley.harris@spargoinc.com).

CLICK HERE TO  
SUBMIT VIA EMAIL

**DEADLINE: Friday, February 27, 2018**