

PLEASE RETURN FORM TO:

COMPANY NAME Receivables Management Association  
ATTN: Sylvia Done  
ADDRESS 1050 Fulton Ave, Ste 150  
CITY, STATE, ZIP Sacramento, CA 95825  
PHONE 916-482-2462  
FAX  
EMAIL [sdone@rmassociation.org](mailto:sdone@rmassociation.org)

***NOTIFICATION OF INTENT TO USE  
EXHIBITOR APPOINTED CONTRACTOR***

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: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

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. Please include the exhibiting company name and booth number on the Certificate of Insurance.

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.