

Compulsory Booth Form 2024

COMPANY DETAILS

| | | | |
|---------------|--|-------|--|
| Company Name | | Booth | |
| Contact Name | | | |
| Phone Number | | | |
| Email Address | | | |

EXHIBITOR APPOINTED CONTRACTOR DETAILS

If you are using an Exhibitor Appointed Contractor, please complete their details below:

| | |
|---------------|--|
| Company Name | |
| Contact Name | |
| Phone Number | |
| Email Address | |

BOOTH ACTIVITY DETAILS

Please give a brief description of your intended activities within the booth space:

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Do you intend to carry out the following activities within your booth space?

- Food and/or Beverage Sampling
- Display Vehicle

By signing this document, I confirm that:

- I will provide a valid Certificate of Insurance by **Friday, 18 September 2024** (valid between 8 - 10 October 2024, minimum USD\$1 million per occurrence / USD\$2 million aggregate);
- I will provide all requested health & safety documents for booth activities prior to the deadlines;
- I have read and understood the [Booth Rules and Regulations](#) on the Exhibitor Portal.

| | |
|--------------|--|
| Signed | |
| Printed Name | |
| Date | |

Please return this document to your Account Manager by **Friday, September 18th 2024**.