

## Compulsory Booth Form

### 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 your booth:

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Do you intend to carry out one of the following activities at your booth?

- ☐ Food and/or Beverage Sampling
- ☐ Display Vehicle

By signing this document, I confirm that:

- I will provide a valid Certificate of Insurance by **Friday, September 1st 2023** (valid 18th - 21st September 2023, minimum USD\$1 million per occurrence / USD\$2 million aggregate);
- I will provide the requested health and safety documents for any booth activities prior to their 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 1st 2023**.