Please return form to: **AMCP Exhibits exhibits@amcp.org**

NOTIFICATION OF INTENT TO USE EXHIBITOR-APPOINTED CONTRACTOR

DEADLINE DATE

April 8 2024

If your compar	ny plans to	ouse a firm	who is r	not an	official	service	contractor	as c	designated l	эу 🤄	Show
Management,	please co	mplete this	form an	id e-ma	ail to th	ne addre	ss listed a	bove	€.		

Management, please com	plete this form and e-m	ail to the address listed	d above.
Company Name:			Booth No.:
Contact at Show:			
Exhibitor-Appointed Cont	ractor:		
Contact Cell Phone:			
Inform your Exhibitor- A	ppointed Contractor ate to AMCP Exhibits a -in or they will not be pereceived and regulated from the confliction of the conflic	that they must send t exhibits@amcp.org nermitted to service your each representative of a ions of this event.	an Exhibitor-Appointed
Inis form must be receive	d / DAYS PRIOR TO T	HE FIRST DAY OF EX	HIBITOR MOVE-IN.
NAME OF SHOW	AMCP 2024 / April 15-18, 202	24 / Exhibits Open: April 16-1	17, 2024
COMPANY NAME		BOOTH	H#
ADDRESS (STREET)	(P.O. BOX)	(CITY)	(STATE) (ZIP)
ORDERED BY	PRII	NT NAME	DATE
PHONE#	CELL#	E-N	MAIL

Certificate of Insurance (COI)

Send to:

AMCP Exhibits

exhibits@amcp.org

DEADLINE DATE:

April 8, 2024

As a standard requirement for all exhibitors, Exhibitor must present proof or documentation of insurance (certificate of insurance, COI) to AMCP. Failure to provide certificate of insurance will prevent exhibitor installation.

Exhibitor must adequately insure their materials equipment, goods and wares against theft, damage, loss, or injury of any kind and must do so at their own expense; AMCP, the New Orleans Ernest N. Morial Convention Center, and Freeman are not responsible for any loss (howsoever caused) to any property of any Exhibitor.

AMCP requires Exhibitor to maintain general liability insurance from an insurance company in good standing with minimum policy limits of \$1,000,000 per occurrence and \$2,000,000 aggregate.

This insurance must be in force during the lease dates of AMCP 2024: April 15-18, 2024, naming AMCP as the certificate holder.

The following must be named as additional insured: Freeman; New Orleans Public Facility Managed, Inc., Ernest N. Morial Exhibition Hall Authority, New Orleans Ernest N. Morial Convention Center and the City of New Orleans. State the booth # under Description of Operations/Locations/Vehicles.