

EXHIBITOR APPOINTED CONTRACTOR (EAC) AUTHORIZATION FORM

If your company plans to use a contractor other than an official contractor, please complete this form by **Oct. 29, 2025**. Failure to do so will result in the inability of the contractor to serve your exhibit. In addition, your selected contractor must furnish an original Certificate of Insurance showing general liability coverage from an insurance company in good standing with minimum policy limits of \$1,000,000 per occurrence and \$2,000,000 aggregate. The insurance must be in force throughout the entirety of the event, including installation and dismantling of the exposition and naming the Advanced Textiles Association (1801 County Road B West, Suite 100, Roseville, MN 55113) as certificate holder. The additional insureds must read as follows: Advanced Textiles Association, Indiana Convention Center and Freeman. **These requirements will be strictly enforced.**

Local regulations require all EACs to be pre-qualified per the [ICCLOS Pre-Qualified Vendors](#) list.

Exhibitor Information

Exhibiting Company _____ Booth # _____
Contact Person _____ Title _____
Email _____ Phone _____

Contractor Information

Company Name _____
Contact Person _____ Title _____
Email _____ Office Phone _____
Onsite Phone _____ Emergency 24hr Phone _____
Address _____
City _____ State/Province _____
Zip/Postal Code _____ Country _____
Estimated Number of Workers _____ Date of Arrival _____
Brief description of type of work to be performed _____

☐ Check here if you are hiring a contractor to **supervise** show official contractor labor (same insurance required)
Supervisor Name (if applicable) _____

Exhibitor Authorized Signature _____ Date _____