

# TECHNICAL EXHIBITION REQUEST FOR EXHIBITOR APPOINTED CONTRACTOR (EAC)

Company and Exhibitor Appointed Contractor representatives will be notified when online Service Kit is available.

**Deadline: Friday, February 5, 2016**

## COMPANY CONTACT (PLEASE TYPE OR PRINT CLEARLY)

Company \_\_\_\_\_

Official Representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail (Required) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## EXHIBITOR CONTRACTOR CONTACT

Exhibitor Appointed Contractor \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_


E-mail (Required) \_\_\_\_\_


Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_


Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

REQUEST MUST BE ACCOMPANIED BY AN ORIGINAL CERTIFICATE OF INSURANCE.

### Return To:

 American Society of Neuroradiology  
Attention: Michelle Morse  
Senior Logistics and Exhibits Specialist  
800 Enterprise Drive, Suite 205  
Oak Brook, IL 60523-4216 USA

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