



## Exhibitor Appointed Contractor Form (EAC)

**This form must be completed and signed by the exhibiting company.** Signatures by any other party, including the EAC company, will not be accepted as valid. Return this completed agreement, in addition to the EAC’s certificate of liability insurance, to Show Management prior to January 12, 2024. SWPSS MUST RECEIVE BOTH FORMS IN ORDER FOR THE EAC TO GAIN ADMITTANCE TO THE SHOW FLOOR.

**EAC’s will NOT be allowed to perform the following services: electrical, plumbing, telecommunications, material handling, booth cleaning, security, catering, rigging, or lead retrieval.**

**EXHIBITING COMPANY INFORMATION**

Company Name: \_\_\_\_\_ Booth Number: \_\_\_\_\_  
 Pre-Show Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Onsite Contact Name: \_\_\_\_\_ Onsite Cell: \_\_\_\_\_

I certify that I have authorized the Exhibitor Appointed Contractor listed below to act on my behalf in my exhibit booth at the **2024 Southwest Pool & Spa Show**. Knowing that the contractor is my official representative, I further certify that the contractor will adhere to all show and facility regulations as if my own employee. The contractor will be informed that **All Insurance** is required by January 12, 2024. I understand that my company is ultimately responsible for the contractor while onsite at the SWPSS. I have also provided our EAC with a link to the online Exhibitor Service Kit.

I also agree to indemnify and hold harmless the Southwest Pool and Spa Show, Mpire Management Group, Freeman and its agents, and the exhibit facility from any act or situation which would cause the Southwest Pool and Spa Show, Show Management and its agents, and the exhibit facility to become liable or suffer losses, damages, injuries, claims, demands and expenses including legal expenses, due to the presence or actions of the exhibitor-appointed contractors.

\_\_\_\_\_  
*Signature of Exhibiting Company Contact* *Title* *Date*

**EAC COMPANY INFORMATION**

Type of Work To be Performed: \_\_\_\_\_  
 EAC Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Onsite Contact Name: \_\_\_\_\_ Onsite Cell: \_\_\_\_\_