EXHIBITOR APPOINTED CONTRACTOR (EAC) FORM

If your company plans to utilize the services of any independent contractors other than Freeman, the official general service contractor designated by ATD, this form must be completed and signed by a representative of the exhibiting company.

The EAC must also submit a copy of their certificate of liability insurance to expo@td.org by April 10, 2026.

Exhibitor Information:

Exhibiting Company: _____ Booth #: _____

Exhibitor Contact: _____

Exhibitor Phone: _____ Exhibitor Email: _____

Exhibitor Signature: _____ Date: _____

The authorized signature confirms that the exhibiting company has committed to use the services of the following Exhibitor Appointed Contractor(s) and they agree:

☐ To read and comply with all show rules and regulations as outlined in the Exhibitor Rules & Regulations and Exhibitor Kit.

☐ To obtain and maintain appropriate insurance coverage as outlined in the Exhibitor Rules & Regulations.

EAC Information:

EAC Company Name: _____

Pre-Show EAC Contact: _____

Address: _____

City: _____State: _____ Zip Code: _____

Phone: _____ Email: _____

EAC On-Site Contact: _____ Emergency On-site Mobile/ Cell: _____

*EACs will be required to pick up wristbands for access onsite at the ATD26 EXPO hall. EACs will only be allowed access to the exhibit hall during exhibitor move-in and move-out dates/times. If an EAC needs access to an exhibitor's space at any other time, the exhibitor will need to register the EAC for an ATD expo badge. Please email this completed form along with a copy of the certificate of liability insurance to expo@td.org by April 10th.