THE **EXPO**GROUP



Third Party Authorization

Discount Deadline: April 8, 2024

Exhibiting Compan	y:	Booth Number:			
Third Party Informat	ion:				
Nan	ne:				
Addre	ess:				
С	ity:	State:	Zip:	Country:	
Contact Nam	ne:				
Telephone Numb	er:				
Email Addre	ess:				
	• Form must be signed and signed by the Exhibitor and returned to The Expo Group at least 14				
INVOICED TO	 All Expo Group Services Suspended Sign Labor Other	 Furniture/Carpet Booth Cleaning 	 Forklift Labor Material Handling 	🗆 Booth Labor	
	Requirements and Forms pa	perwork to <u>ExhibitorSe</u>	rvice@theexpogroup.c		
THIS ACKNOWLED	GEMENT TO BE COMPLETE	D AND SIGNED BY TH	IE EXHIBITING COMP.	ANY REPRESENTATIVE	

We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges incurred. In the event Third Party named above does not make payment, such charges will be presented to the exhibiting firm, and the exhibiting firm will make payment to The Expo Group prior to last day of the event. (Exhibiting Company's signature required below.)

PLEASE SIGN

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