

Exhibiting Company Name:

Authorized By

Contracting Company Name

Estimated Arrival at Show

Contracting Company Address

Title

500 Interstate W. Pkwy Lithia Springs, GA 30122 Ph: 678-398-2650 Fax: 770-745-4267 email: aphillips@mc-2.com

NON-OFFICIAL CONTRACTOR FORM

DEADLINE DATE JANUARY 14, 2026

Booth #:

Billing Address:		Fax #:		1
City/State/Zip:		Authorized	by:	1
Show Name: GMEA 2026				
CONTRACTOR:		ATE WEST PI		
All exhibitors who have appointed a hin guarantee payment for all charges in advertising or public relations agencies employees, to arrange for its exhibit se	ncurred by the agent for the east or any other person or firm er	exhibitor before an	y orders for designe	ers, or installers;
Exhibitors wishing to use a contractor and return it to us by the deadline d		r to setup and dism	antle their exhibits I	must complete this form
All agents representing the exhibitor m services other than the exhibitor's own for an exception is made. These Certi \$1,000,000.00 and workman's comper	employees must provide mana ficates of Insurance must include	agement with Certifi de public liability an	icates of Insurance	at the time that a request
Exhibiting Company Name:			Booth Space No.	

Telephone #:

Phone

RETURN THIS FORM AND INSURANCE CERTIFICATE TO THE ADDRESS LISTED ABOVE. IF WE DO NOT RECEIVE THIS INFORMATION BY THE DEADLINE DATE, MC² WILL SET THE EXHIBIT.

No. of Workers