



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

NON-OFFICIAL CONTRACTOR FORM

**DEADLINE DATE
SEPTEMBER 2, 2025**

| | | |
|--|----------------|----------|
| Exhibiting Company Name: | Telephone #: | Booth #: |
| Billing Address: | Fax #: | |
| City/State/Zip: | Authorized by: | |
| Show Name: Marco's Pizza Supplier Show 2025 | | |

CONTRACTOR:

**MC²
500 INTERSTATE WEST PKWY.
LITHIA SPRINGS, GA 30122**

All exhibitors who have appointed a hired agent or agents with authority to represent the exhibitor in its arrangements with MC² **must guarantee payment for all charges incurred by the agent for the exhibitor** before any orders for designers, or installers; advertising or public relations agencies or any other person or firm engaged by the exhibitor, other than the exhibitor's own employees, to arrange for its exhibit services.

Exhibitors wishing to use a contractor other than the official contractor to setup and dismantle their exhibits **must complete this form and return it to us by the deadline date listed above.**

All agents representing the exhibitor must be fully identified by the official badge. All agents or representatives who are performing services other than the exhibitor's own employees must provide management with Certificates of Insurance at the time that a request for an exception is made. These Certificates of Insurance must include public liability and property damage insurance for at least \$1,000,000.00 and workman's compensation insurance in accordance with local laws.

| | | |
|-----------------------------|-----------------|--|
| Exhibiting Company Name: | Booth Space No. | |
| Authorized By | | |
| Title | Phone | |
| Contracting Company Name | | |
| Contracting Company Address | | |
| Estimated Arrival at Show | No. of Workers | |

**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.**