

# Technical Exhibition Request for Exhibitor Appointed Contractor (EAC)

Company and Exhibitor Appointed Contractor representatives will be notified when online Service Kit is available.  
Please turn this form in by Friday, February 16, 2018

## COMPANY CONTACT (Please type or print clearly)

Company \_\_\_\_\_

Official Representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail (Required) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## EXHIBITOR CONTRACTOR CONTACT

Exhibitor Appointed Contractor \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_


E-mail (Required) \_\_\_\_\_


Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_


Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_


**REQUEST MUST BE ACCOMPANIED BY AN ORIGINAL CERTIFICATE OF INSURANCE.**

### RETURN TO:

 American Society of Neuroradiology  
Attention: Lora Tannehill, CMP-HC,  
ASNR Director of Scientific Meetings  
800 Enterprise Drive, Suite 205  
Oak Brook, IL 60523-4216 USA

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