



Shepard Exposition Services
6615 Escondido St., Suite C
Las Vegas, NV 89119

Customer Service Phone: (702) 507-5278
Customer Service Fax: (702) 948-0341
Customer Service Email: lasvegas@shepardes.com
Event Code: L194300312

THIRD PARTY PAYMENT AUTHORIZATION

Conference on Automotive Remarketing

March 14 - 15, 2012
Caesars Palace
Las Vegas, Nevada

Discount Deadline: February 22, 2012

The following information must be completed and the form returned to Shepard by the deadline date.

Both parties MUST sign this form indicating acceptance; otherwise, request will be denied.

When a third party is handling your display and/or paying for any services on your behalf, we will agree to this third party arrangement if the following payment is agreed upon and all signatures are properly completed.

By signing this form, both parties agree and understand that the exhibiting firm is responsible for all charges.

In the event that the named third party does not make payment by show close, Shepard will be paid by the exhibiting firm on demand at show site.

The show site invoice may or may not include any outbound services, such as additional material handling, rigging, and/or shipping charges.

SERVICES TO BE COVERED BY THIRD PARTY

- | | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> All services | <input type="checkbox"/> Rental Furniture | <input type="checkbox"/> Logistics/Transportation | <input type="checkbox"/> Material Handling |
| | <input type="checkbox"/> Carpet | <input type="checkbox"/> Exhibit Display Rentals | <input type="checkbox"/> Overhead Rigging/Labor |
| | <input type="checkbox"/> Other (please specify): _____ | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Installation/Dismantling Labor |

THIRD PARTY INFORMATION

COMPANY NAME: _____

COMPANY ADDRESS: _____ PHONE: _____

CITY, ST, ZIP: _____ FAX: _____

CONTACT NAME: _____ EMAIL: _____

AUTHORIZED SIGNATURE: _____

EXHIBITING COMPANY INFORMATION

COMPANY NAME: _____ BOOTH # _____




COMPANY ADDRESS: _____ PHONE: _____

CITY, ST, ZIP: _____ FAX: _____

CONTACT NAME: _____ EMAIL: _____

AUTHORIZED SIGNATURE: _____

THIRD PARTY CREDIT CARD INFORMATION

Type of Card:   

Credit Card #:

Billing Address: _____

City, ST, Zip: _____

Name on Card: _____

Authorized Signature: _____

Expiration Date:
Month Year

Security Code:



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EXHIBITOR APPOINTED CONTRACTOR

Conference on Automotive Remarketing

March 14 - 15, 2012
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Please read the following information entirely prior to signing form and returning to Shepard.

Complete this form for each non-official contractor used. Only the official show contractor or the facility may provide building services, utilities, rigging, material handling, cleaning, and furniture rental.

As the official show contractor, Shepard will provide all usual trade show services, including installation/dismantling labor, but exhibitors may appoint a non-official contractor to provide installation/dismantling labor provided all the following conditions are met:

~ EXHIBITOR must inform Shepard Exposition Services that they have contracted with a non-official contractor by completing this form and returning it by deadline date. If form is not submitted by deadline date, the Exhibitor Appointed Contractor will not be allowed to perform work in the hall except to supervise the official contractor provided labor.

~ The CONTRACTOR hired by the exhibitor must, by the deadline date, provide Shepard with a current Certificate of Insurance with minimum limits of \$500,000 property damage per occurrence, \$1,000,000 personal injury per occurrence, workers compensation aggregate coverage of \$1,000,000 per occurrence, and naming Shepard Exposition Services as additionally insured for the time period of the show (including move-in and move-out days).

~ The CONTRACTOR must abide by the rules and regulations of the show and all pertinent union regulations

~ CONTRACTOR employees must wear approved identification badges at all times while in the work area. Badge will be issued at show site to authorized contractor representatives when all requirements have been met.

~ If the non-official contractor is empowered to incur expense on behalf of the exhibitor, a Third Party Payment Authorization form must be completed and returned to Shepard. The exhibitor agrees that he is ultimately responsible for the cost of all services provided in connection to the exhibitor's booth.

~ The non-official contractor agrees to have evidence, in the booth, that it has a valid authorization from the Exhibitor for services.

~ The non-official contractor must confine its operations to the exhibit area of its clients. No service desks, storage areas or other work facilities will be located anywhere in the facility. Show aisles and public areas are not part of the Exhibitor's booth space.

~ The non-official contractor may not solicit business on the exhibit floor.

~ The non-official contractor must have all business licenses, work permits and insurance required by State and City governments and Facility Management before beginning work, and shall provide Show Management with evidence of compliance.

~ If required, the non-official contractor must be able to provide evidence that it has current and applicable labor contracts and must comply with all labor agreements and jurisdictions. The non-official contractor must not jeopardize the production of the event by any act or practice that would lead to work stoppages, strikes or labor disputes.

~ Non-official contractor employees must wear approved identification badges at all times while in the work area. Badges will be issued at show site, to authorized representatives, when all requirements have been met.

The following information must be completed and the form returned to Shepard by the deadline date.

Name of Non-official Contractor: _____

Services to be performed: _____

Contact Name: _____

Contact Phone: _____ **Fax:** _____

Contact Address: _____

Exhibitor's Signature: _____ **Date:** _____

Exhibiting Company Name: _____ **Booth #** _____