

## NOTIFICATION OF INTENT TO USE EXHIBITOR APPOINTED CONTRACTORS

**Return Form To:**

Society Of Diagnostic Medical Sonography (SDMS)  
Email: [events@sdms.org](mailto:events@sdms.org)  
Phone: (800) 299-9506

**DEADLINE DATE**

**August 31, 2024**

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### SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY ANNUAL CONFERENCE

#### CONFERENCE DATES: SEPTEMBER 26-28, 2024

If your company plans to use a firm who is not an official service contractor as designated by Show Management, please complete this form and email to [events@sdms.org](mailto:events@sdms.org).

Company Name: \_\_\_\_\_ Booth Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact at Show: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Service to be Performed: \_\_\_\_\_

Inform your Exhibitor Appointed Contractor that they must send a copy of their General Liability Insurance Certificate no later than 30 days prior to the first day of exhibitor move-in or they will not be permitted to service your exhibit.

It is the responsibility of the exhibitor to see that each representative of an Exhibitor Appointed Contractor abides by the official rules and regulations of this event.

This form must be received 30 DAYS PRIOR TO THE FIRST DAY OF EXHIBITOR MOVE-IN.