

NOTIFICATION OF INTENT TO USE EXHIBITOR APPOINTED CONTRACTORS

Return Form To:

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

DEADLINE DATE

August 21, 2026

SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY ANNUAL CONFERENCE

CONFERENCE DATES: SEPTEMBER 24-26, 2026

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.

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.