

Shoff Darby Companies Inc.
100 Technology Drive Suite 200
Trumbull, CT. 06611
T#800-840-7762
F#203-445-2137

National Association of Consumer Shows
Exhibitor Reporting Form

Exhibitor name _____

Exhibitor address _____

Exhibitor phone # _____ Fax # _____ email _____

Event Manager _____

Event & location _____

Date of event _____

What are you exhibiting/selling? _____

Limit of Liability \$1,000,000

Premium:

Non-food Exhibitor \$70.00 each booth

CREDIT CARD ONLY FOR OUTSIDE U.S.

Please enclosed check for the applicable amount, make payable to Shoff Darby, 100 Technology Dr, Suite 200, Trumbull, CT. 06611

Credit Card Payments: AMEX/MC/Visa # _____ exp date _____

Signature _____ sec. code _____

Cardholder name _____

Billing address _____

Coverage is provided for your liability at the event only. Coverage is for the dates of the event only.

You should obtain separate liability coverage for the daily operations of your business. Certificate for your liability at this event will be faxed to you upon receipt of form and payment.