



NEW ORLEANS, LA  
SEPT. 30-OCT. 3

ERNEST N. MORIAL CONVENTION CENTER • SEPT. 30-OCT. 03, 2019

# EAC/Work Authorization CHANGE FORM

Exhibitors using an independent service company MUST complete this form and return it to SCTE•ISBE along with a Certificate of Insurance by August 30, 2019. If you are using a third party contractor and your company does not provide the certificate, you will be prohibited from entering the exhibit hall.

## INDEPENDENT SERVICE COMPANY #1:

Company: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State Zip Code

Phone: \_\_\_\_\_

## INDEPENDENT SERVICE COMPANY #2:

Company: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State Zip Code

Phone: \_\_\_\_\_

Are these service companies authorized to order show services for your company?  Yes  No

Exhibiting Company: \_\_\_\_\_ Booth#: \_\_\_\_\_

Requested by: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please retain a copy of this form for your files.

**THIS FORM MUST BE RECEIVED AT SCTE•ISBE REGISTRATION BY AUGUST 30, 2019.**

SCTE•ISBE Registration | 140 Philips Rd., Exton, PA 19341-1318

Fax: 610-884-7126 | E-mail: expo@scte.org | expo.scte.org

