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DEADLIN	IE C	ATE
AUGUST	30,	2019

NAME OF SHOW: RAPS' Regulatory Convergence / September 21-24, 2019		
COMPANY NAME		BOOTH #:
CONTACT NAME:		PHONE #:
E-MAIL ADDRESS _		
	ny plans to use a firm who is not an o ement, please complete this form and	official service contractor as designated by mail to the address listed above.
	npany Name:	
ShowContact	:	
ExhibitorAppo	ointedContractorName:	
Address:		
	ce to be Performed:	

Inform your **Exhibitor Appointed Contractor** that they <u>must</u> send a copy of their General Liability Insurance Certificate or COI (Certificate of Insurance) no later than 20 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 20 DAYS PRIOR TO THE FIRST DAY OF EXHIBITOR MOVE-IN.