

NAB Show Management Forms

DEADLINE DATE: February 12, 2008

Exhibitor Company Name Change

Currently, the name on your exhibitor contract is the company name listed globally (Exhibitor Database, Exhibit Guide and Web listing, name badges, future exhibit-related correspondence). This form is for companies who need to change their Company Name either globally or on their exhibitor badges. For Exhibitor Badges, **changing the company name for one badge will change them for all badges**. There are NO splits in your allotment. If you have questions regarding this form, please contact NAB Exhibitor Services at 877.622.3947 or 202.595.2051.

This form MUST be complete and signed by the contact that signed the Exhibitor Space Contract.

Change Information

MAIL THIS COMPLETED FORM TO: NAB Exhibit Sales; 1771 N Street, NW; Washington, DC 20036

OR FAX TO: NAB Exhibit Sales 202.429.4180 **OR E-MAIL:** exhibit@nab.org

- Change Name Globally** (Exhibitor Database, Exhibit Guide and web listing, name badges, future exhibit-related correspondence)

| |
|-------------------------------------|
| Current Name on Exhibitor Contract: |
| New Name: |

- Change Name on Badges Only** (This will change ALL of your exhibitor badges)

| |
|-----------------------------|
| New Company Name on Badges: |
|-----------------------------|

I am the contact who signed the Exhibitor Space Contract and do approve the change requested above.

| | |
|----------------|--------------|
| SIGNATURE | DATE |
| PRINT NAME | PHONE |
| COMPANY NAME | BOOTH NUMBER |
| E-MAIL ADDRESS | |

NAB USE ONLY _____ Date Received

_____ ExpoCad _____ Goldmine _____ Access

DEADLINE DATE: February 12, 2008

Contact Information Change

The exhibit logistics contact listed on your booth contract will be the person to receive all NAB logistics and operations information along with any relevant vendor communications, i.e. GES updates. This form is for companies who need to change their logistics contact or update the existing contact information. **You may view the current contact information and submit any changes online at www.nabshow.com/login.** Please allow 7-10 business days to process the information and supply updated information to all applicable vendors. If you have questions regarding this form, please contact NAB Exhibit Sales at 877.622.3976 or 202.595.2051.

This form MUST be complete and signed by the contact that signed the Exhibitor Space Contract.

Change Information

MAIL THIS COMPLETED FORM TO: NAB Exhibit Sales; 1771 N Street, NW; Washington, DC 20036
OR FAX TO: NAB Exhibit Sales 202.429.4180 **OR E-MAIL:** exhibit@nab.org

NAB reserves the right to contact the person listed on the exhibitor contract to verify this request.

| | |
|---------------------|--------------|
| COMPANY NAME | BOOTH NUMBER |
| CONTACT NAME | PHONE |
| E-MAIL ADDRESS | FAX |
| ADDRESS | |
| CITY, STATE COUNTRY | ZIP |

I am the contact who signed the Exhibitor Space Contract and do approve the change requested above.

| | |
|----------------|-------|
| SIGNATURE | DATE |
| PRINT NAME | PHONE |
| E-MAIL ADDRESS | |

NAB USE ONLY _____ Date Received
 _____ ExpoCad _____ Goldmine _____ Access

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|-----------------------|-----------------------|
| DEADLINE DATE: | March 14, 2008 |
|-----------------------|-----------------------|

Booth Variance / Review Request

ATTACH THIS SHEET TO YOUR SCHEMATIC OR DRAWING

Please complete the following information and submit with your schematic or drawing by March 14, 2008, allow 5-7 business days for a response.

- Please mark on your schematic/drawing the exact height to the top of your booth structure, towers, graphics, signs, panels and truss. Clearly indicate the height of all levels on double deck booths. In addition clearly mark the direction doors open.
- All communication regarding booth designs must be in English. Verbal approvals will not be granted.
- Should the diagram submitted with this form differ significantly from the actual structure on-site, the structure will need to be altered, or the exhibitor moved if space is available at the exhibitor's expense.
- Booth approvals are valid for the 2008 NAB Show only. For additional information, please call NAB Exhibitor Services at 877-622-3947 or 202-595-2051.

PLEASE NOTE: This approval only relates to Show Management guidelines and regulations. Your designs, if necessary, should still be submitted to the Fire Marshall and a structural engineer for their approval. This form is only required if you are requesting a variance for your booth design.

Company Information

MAIL THIS COMPLETED FORM TO: NAB Exhibitor Services; 1771 N Street, NW; Washington, DC 20036
OR FAX TO: Exhibit Services (202) 775-2146 **OR E-MAIL:** exhibitcomm@nab.org

I am requesting a: Booth Review Booth Variance (mark appropriate category below)

Booth Variance Category: Exhibit height – Maximum Height Requested: _____ Canopy
 Hanging Sign height – Max. Height Requested: _____ Other _____

| | | | |
|----------------|-------|--|---------|
| COMPANY NAME | | BOOTH # | |
| CONTACT | | BOOTH DIMENSIONS | |
| E-MAIL ADDRESS | PHONE | FAX | |
| ADDRESS | | | |
| CITY | STATE | ZIP | COUNTRY |
| SIGNATURE | | NAB USE ONLY _____ DATE RECEIVED _____ APPROVED | |

| | |
|-----------------------|-----------------------|
| DEADLINE DATE: | March 14, 2008 |
|-----------------------|-----------------------|

Special Events

All exhibitors hosting an event on the exhibit floor after scheduled show hours must complete this form and submit it to NAB by **March 14, 2008**. Requests for Special Events received onsite will **NOT** be approved.

- Special Event Passes are required for admittance onto the show floor for events before and after official show hours. **These passes can only be obtained onsite. Upon receipt of these passes, it is the exhibitor's responsibility to distribute these passes to all invited attendees.**
- Before hour events can be held April 14-17, 2008 from 7:30am – 9:00am. After hour events can be held April 14-16, 2008 from 6:00pm – 7:30pm in all halls.
- Security, hired by the exhibitor, must be present at each event. Security is required to escort event attendees to and from your booth and the hall entrance and ensure attendees remain in your both.
- The number of security guards required is based on the following sliding scale:
 - 400 sq' and smaller – 1 guard
 - 401 – 900 sq' – 2 guards
 - 901- 1,200 sq' – 3 guards
 - 1,201 – 2,000 sq' – 4 guards
 - 2,001 +sq' - determined by show management based on type of event
- NAB must receive a confirmation of hired security before Special Event Passes will be issued.
- Guest Lists are required for ALL events and must be submitted by Friday, April 11.
- All planning and costs associated with the Special Event are the responsibility of the Exhibitor, including notifying their customers about the event and distributing the Special Event Passes to them.
- PLEASE REMEMBER to order **24-hour power** in advance for special after-hour demonstrations. The electrical service desk will be staffed until 6:00pm each day.
- Please call 877-622-3947 or 202-595-2051 with any questions.

Ordering Information

MAIL THIS COMPLETED FORM TO: NAB Exhibitor Services; 1771 N Street, NW; Washington, DC 20036
OR FAX TO: Exhibit Services (202) 775-2146 **OR E-MAIL:** exhibitcomm@nab.org

| | | |
|--------------------------|-------|--|
| EVENT DATE AND TIME | | NUMBER OF ATTENDEES |
| TYPE AND NATURE OF EVENT | | |
| COMPANY NAME | | BOOTH NUMBER |
| CONTACT | PHONE | FAX |
| E-MAIL ADDRESS | | NAB USE ONLY _____ DATE RECEIVED _____ APPROVED |

DEADLINE DATE: March 14, 2008

EAC Work Authorization

All Exhibitors using an Exhibitor Appointed Contractor (EAC), a contractor not listed in the Preshow Information section of this manual, must return this form. EAC's include labor building your booth, supervisors and designers.

It is the exhibitor's responsibility to make sure the EAC sends their insurance certificate to NAB, Freeman and the LVCC. EACs for RTNDA@NAB must also send their insurance certificate to the Las Vegas Hilton. **No EAC will be permitted on the show floor if Show Management and Freeman have not received valid insurance certificates.** See the following sample certificate in this section for more information. This form may be copied if you have multiple EAC's.

Exhibitor Appointed Contractor Information

MAIL TO: NAB Exhibit Services; 1771 N Street, NW; Washington, DC 20036 **AND** Freeman; 7000 Placid St, Ste 101; Las Vegas NV 81119

OR FAX TO: NAB Exhibit Services, 202.429.3922 **AND** Freeman, 702.263.9260 **AND** LVCC, 702.2892.2933 **OR** LV Hilton, 702.732.5186

| | | | |
|---|-------|---------------------------|---------|
| SERVICE TO BE PROVIDED (Exhibit House, Floral, etc.): | | | |
| EXHIBITOR APPOINTED CONTRACTOR | | E-MAIL ADDRESS (REQUIRED) | |
| CONTACT | PHONE | FAX | |
| ADDRESS | | | |
| CITY | STATE | ZIP | COUNTRY |

Is the above company authorized to order services on your behalf? YES NO

Exhibiting Company: _____

The following must be completed:

I hereby authorize the company noted above to perform services on our behalf. Further, they have been directed to the Exhibitor Service Manual information on the NAB website and I am authorized to bind them to the agreement that they will comply with all of NAB's Exhibit Contract Terms Rules and Regulations. I understand the Exhibitor Service Manual will not be mailed to them.

| | | |
|---------------------|--------------|------|
| Name (Please Print) | Signature | Date |
| E-mail Address | Phone Number | |

| | |
|---------------------|---------------|
| NAB USE ONLY | |
| _____ | DATE RECEIVED |
| _____ | APPROVED |

**2008 NAB Show
Sample Certificate of Insurance**

| | | |
|---|---|---|
| Accord™ | CERTIFICATE OF LIABILITY INSURANCE | Date: (MM/DD/YY) Date |
| PRODUCER ABC INSURANCE COMPANY 123 MAIN STREET ANYTOWN, TEXAS 12345 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO TIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OF ALTER THE CONVERGAGE AFFORDED BY THE POLICIES BELOW. |
| INSURED EXHIBITOR APPOINTED CONTRACTOR EAC ADDRESS CITY, STATE ZIP | | COMPANIES AFFORDING COVERAGE COMPANY A: COMPANY B: COMPANY C: COMPANY D: |

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | Minimum Coverage Limits |
|----------|---|--|----------------------------------|-----------------------------------|---|--------------------------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTORS' PROT _____ | YOUR POLICY NUMBER | DATE EFFECTIVE | DATE EXPIRES | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | PRODUCTS - COMP/OP ADD | \$ 2,000,000 |
| | | | | | PERSONAL & ADV INJURY | \$ 2,000,000 |
| | | | | | EACH OCCURRENCE | \$ 2,000,000 |
| | | | | | FIRE DAMAGE (Any one fire) | \$ 100,000 |
| | | | | | MED EXP (Any one person) | \$ 5,000 |
| | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS _____ | | | | COMBINED SINGLE LIMIT | \$ 2,000,000 |
| | | | | | BODILY INJURY (per person) | \$ |
| | | | | | BODILY INJURY (per accident) | \$ |
| | | | | | PROPERTY DAMAGE | \$ |
| | GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO _____ | | | | AUTO ONLY - EA ACCIDENT | \$ 1,000,000 |
| | | | | | OTHER THAN AUTO ONLY | \$ |
| | | | | | EACH ACCIDENT | \$ |
| | | | | | AGGREGATE | \$ |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> OTHER THAN UMBRELLA FORM | Excess Liability Umbrella may be used to increase the limits of any of the fields to meet these requirements. | | | EACH OCCURRENCE | \$ |
| | | | | | AGGREGATE | \$ |
| | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNER/EXECUTIVE <input checked="" type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL | YOUR POLICY NUMBER | DATE EFFECTIVE | DATE EXPIRES | <input checked="" type="checkbox"/> WORK STATU-TORY LIMITS OTHER | \$ |
| | | | | | EL EACH ACCIDENT | \$ 1,000,000 |
| | | | | | EL- DISEASE - POLICY LIMIT | \$ 1,000,000 |
| | | | | | EL- DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | OTHER Professional Liability | | | | Each Occurrence & Aggregate | |

DESCRIPTION OF OPERATIONS/LOCATIONS,VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
National Association of Broadcasters, Freeman and Las Vegas Convention Center are named as additional insured under General Liability for all aspects of the Show Dates, 4/7/08-4/21/08 in Las Vegas, NV.

| | |
|--|---|
| CERTIFICATE HOLDER National Association of Broadcasters (NAB) ATTN: Shawn Canfield 1771 N Street, NW Washington, DC 20036 | CANCELLATION SHOULD ANY OF THE THE ABOVE DESCRIBED BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE |
|--|---|

*Freeman and Las Vegas Conv. Ctr must be named as Certificate Holder for the applicable Certificate of Insurance forms.