



# NBA ALL-STAR JAM SESSION

New Orleans Ernest N. Morial Convention Center

February 13-16, 2014

<http://online.osacorp.com>

## INTENT TO USE NON-OFFICIAL I&D CONTRACTOR

This form must be completed, signed and returned to Lindsay Dreyer at [ldreyer@osacorp.com](mailto:ldreyer@osacorp.com) by January 1, 2014 if your company intends to use a contractor other than OSA International, Inc.

Non-official contractors are required to use the exclusive and required service providers. Non-official installation and dismantle contractors may provide their own labor and supervision, with the exception of rigging labor. Non-official contractors are only allowed on the exhibit floor during exhibitor load-in hours, which can be found in the Schedule section of this Exhibitor Guide. All personnel must be properly credentialed at the show site.

Non-official contractors must submit proof of adequate insurance in the form of an original copy of the Certificate of Insurance listing OSA International, Inc. as additional insured. This certificate is to be furnished by their broker to the certificate holder address by January 1, 2014. This must include a copy of non-official contractor's Workers' Compensation insurance. *Please specify the Exhibitor area when sending Certificate(s) of Insurance.*

### CERTIFICATE HOLDER ADDRESS

OSA International, Inc.  
c/o Victoria Lenhart  
537 N. Edgewood Ave.  
Wood Dale, IL 60191  
(630) 227-1008 Ext. 111

If the exhibiting company fails to comply with any or all terms above, the non-official contractor will not be permitted to service the exhibit, and OSA must be hired for installation and dismantle labor. The non-official contractor will only be allowed to provide supervision.

### EXHIBITOR

Exhibiting Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Office Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

### NON-OFFICIAL CONTRACTOR

Contractor Company Name: \_\_\_\_\_

Contact in Booth: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Office Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Authorized Exhibitor Representative)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title/Company)

\_\_\_\_\_  
(Date)



EXHIBITOR'S INTENT TO USE NON-OFFICIAL I&D CONTRACTOR