

2. WSA FORMS

Acknowledgement of Rules & Regulations
Motorized Vehicle Notification Form
Alcoholic Beverages Authorization Form
WSA EAC General Information

ACKNOWLEDGEMENT OF RULES & REGULATIONS

Operations Department

WSA

Submit to:

Type Name or Sign

MANDATORY -- SIGN AND RETURN THIS FORM

WSA Acknowledgement of Rules & Regulations must be returned to Show Management by **January 4, 2013**.

Important Note: Due to the large amount of forms received, there will not be a notification receipt provided. Please keep a copy of this signed document for your records.

Date

MOTORIZED VEHICLE NOTIFICATION

Submit to:

If you plan on having a motorized vehicle on display in your booth, please complete the form below and submit to Show Management by **January 4, 2013**. It is also necessary to complete the Vehicle Placement Order Form in the **Shipping and Material Handling** section.

Operations Department

	WSA Phone Direct: 818-464-71 FAX Direct: 818-379-317 Phone Main: 818-379-940 operations@wsashow.cor	3 00
Company name		Booth #
Address		
City		State
Zip code		Country
Your name		Title
Phone number	Email	address
On-site contact name		Title
On-site contact cell phone	number	
 Tanks cannot Fuel tanks mu Battery cables During non-sh A properly tage No repairs or a 	Ill have no more than ¼ tank of the refueled or emptied inside the st be equipped with a locking gamust be disconnected and tape ow hours, vehicles must be locking set of keys to each vehicle reliterations may be made on vehicle provide fire extinguishers.	e Facility. as cap. ad at the end. ed. must be left with building safety prior to display.
Type Name or Sign		Date

ALCOHOLIC BEVERAGES AUTHORIZATION FORM

Operations Department

Submit to:

If you plan on serving alcoholic beverages in your booth, please complete the form below and submit to Show Management by **January 4, 2013**.

	WSA Phone Direct: 818-464-7 FAX Direct: 818-379-31 Phone Main: 818-379-9 operations@wsashow.c	73 400	
Company name		Booth #	
Address			
City		State	
Zip code		Country	
Your name		Title	
Phone number	Ema	ail address	
On-site contact name		Title	
On-site contact cell phone	number		
•	•	this form below, I agr led on the following p	
Type Name or Sign		Date	

ALCOHOLIC BEVERAGES AUTHORIZATION FORM

Terms & Conditions

For the benefit and protection of our exhibitors, the following policy will be in effect regarding the serving of alcoholic beverages in contracted meeting rooms or booth space.

- Beer, wine and other alcoholic beverages may be served, provided all of the conditions contained herein are met. The right to serve alcoholic beverages may be withdrawn if following conditions are not met.
- Alcoholic beverages may only be served in contracted meeting rooms or booth space.
- Alcoholic beverages may not be sold by the exhibitor, nor may any other fees be charged in connection with the provision of alcoholic beverages; this policy is for complimentary beverage service only.
- Alcoholic beverages may not be carried from, or consumed outside, the contracted booth space or meeting room.
- Alcoholic beverages may not be served to minors or otherwise served in violation of any state or local law.
- Alcoholic beverages must be ordered and purchased through the exclusive food & beverage / catering provider in the Facility.
- Exhibitor agrees that it will abide by all conditions stated above and further agrees that it will indemnify and hold harmless Show Management, the exclusive Food & Beverage / catering provider and the Facilities and their respective officers, directors, and employees from and against any claim, suit, judgment, liability or expense arising in connection with, or resulting directly or indirectly from, the service of alcoholic beverages by such exhibitor.

Be sure to complete and submit part 1 of the Alcoholic Beverages Authorization Form located on the previous page.

EXHIBITOR APPOINTED CONTRACTOR APPLICATION FOR SHOW CREDENTIALS

THIS FORM IS TO BE COMPLETED AND RETURNED BY THE CONTRACTED COMPANY, NOT THE EXHIBITOR.

We have been requested and contracted to provide service for the following exhibitors subject to all of WSA, Sands Expo and The Venetian those outlined for Exhibitor Appointed Contractors on the next page.

NOTE: PLEASE SUBMIT THE FOLLOWING TO WSA NO LATER THAN JANUARY 15, 2013.

- COMPLETED CREDENTIAL APPLICATION (This form)
- SIGNED RULES & REGULATIONS PAGE (Next page)
- CERTIFICATE OF INSURANCE
- PROOF OF WORKERS COMPENSATION INSURANCE

CREDENTIALS MUST BE PICKED UP AT THE EAC CHECK-IN DESK LOCATED AT THE MOVE-IN ENTRANCE.

Exhibitor	Booth #	Exhibitor	Booth #
Number of Badges for Move-in		Number of Badges for Move-out	
Contracted Company		Phone	
Contact		Title	
Address			
City & State		Zip Code	
Supervisor			
Phone		Fax #	
E-Mail:			
We, on behalf of our directors, offic	ers, employees, repr	esentative and agents hereby agree to for the exhibitors and those outlined	ully abide by all of WSA Rul
Signature of Authorized Contractor Re	presentative	Date	e

Complete this form and return by fax or mail to: OPERATIONS – Fax (818) 379-3173 • P: (818) 464-7103 WSA • 15821 Ventura Blvd. Suite 415 • Encino, CA 91436

RULES & REGULATIONS FOR EXHIBITOR APPOINTED CONTRACTORS

Persons or organizations other than those designated as official contractors for WSA JANUARY 29,30,31, 2013 (referred to herein as "WSA") who are proposed for the performance of any services (referred to herein as "EAC") within Sands Expo and The Venetian for an exhibitor and approved by WSA Show Management will:

- 1. Be given the right to provide services requested of EAC by an exhibitor provided the requested services are not reserved to an exclusive contactor.
- 2. Not conflict with existing labor regulations or contracts and in fulfilling EAC's obligations, the Exhibitor Appointed Contractor shall adhere to all rules and regulations set up by the Facility and Show Management regarding entrance. EAC shall be signatory and conform to current accepted labor contracts. EAC must not commit or allowed to be committed by persons in its employment any acts that could lead to work stoppages, strikes or labor problems. EAC WILL NOT have labor on show floor prior to the close of WSA each day.
- 3. EAC agrees to maintain such insurance that will fully protect, indemnify, hold harmless and defend WSA, and the Facilities and their respective members, officers, directors, agents and employees from any and all claims of any nature whatsoever, including attorney's fees, which may arise due to the actions of negligence of EAC or its directors, officers, employees, agents or representatives, including claims under the Worker's Compensation Act, and for personal injury, including death which may arise in connection with EAC's presence at WSA or services it provides to an exhibitor. Above required policies may not be canceled without 30 days advance written notice to Show Management.

EAC, at its own expense, is required to secure and maintain insurance coverage as stated in this paragraph through the duration of WSA, including move-in, show days and move out days. All such insurance will be primary of any other valid and collectible insurance of Exhibitor and will be written on an occurrence basis. Claims made policies are not acceptable and do not constitute compliance with EAC's obligations under this paragraph: (a) worker's compensation insurance to the statutory limits; (b) employer's liability insurance with limits not less than \$1,000,000 each accident; (c) comprehensive general liability insurance with limits not less than \$1,000,000 each occurrence combined single limit for bodily injury to any one person in any one occurrence, \$2,000,000 with respect to injuries to more than one person in any occurrence, and \$5,000,000 with respect to damage of property; (d) automobile liability insurance coverage for owned, nonowned and hired vehicles, including loading and unloading operations with minimum limits of \$1,000,000 per occurrence for bodily injury and \$500,000 for property damage.

WSA IS CERTIFICATE HOLDER. THE REQUIRED POLICIES AS STATED HEREIN MUST NAME AS "ADDITIONAL INSURED" THE FOLLOWING: (1) WSA AND ITS RESPECTIVE MEMBERS, OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES; AND (2) GES EXPOSITION SERVICES, INC., SANDS EXPO, THE VENETIAN AND THEIR RESPECTIVE MEMBERS, OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES.

An "A" Rated insurance carrier authorized to transact business in the State of Nevada must issue the insurance coverage required. EAC shall provide Show Management with a Certificate of Insurance (and complete copies of policies requested) and Additional Insured Endorsement documentation not less than thirty (30) days prior to the first day move-in of WSA. Failure to provide the satisfactory Certificate of Insurance and the Additional Insured Endorsement document shall result in the barring of EAC's right to obtain access to or providing any services to an exhibitor during WSA at any Facility.

- 4. Have a true and valid order for service from an exhibitor at least two weeks in advance of WSA move-in date, and shall not solicit business upon the show floor at any time during the move-in, show and move-out dates.
- 5. Provide adequate notice to Show Management of the exhibitors who have retained them (at least 2 weeks in advance of the show), and the services to be performed for each exhibitor, as well as evidence of EAC's conformation with the provisions of paragraphs 3 and 4 above. Show Management will consider this notice from the Exhibitor Appointed Contractor as sufficient evidence of the relationship between EAC and its clients. Exhibitor will verify authorization for service upon request of Show Management.
- 6. Be responsible for adherence to all rules of ingress and egress in a timely fashion, act in a professional manner at all times, and shall have all crates labeled for removal from WSA hall prior to 6:00 p.m., SUNDAY, JANUARY 27 and complete installation prior to 8:00 pm on MONDAY, JANAURY 28; and complete dismantling / packing prior to 4:00 pm, FRIDAY, FEBRUARY 1.
- 7. Prior to starting work, EAC will furnish Show Management the names and contact information of EAC's supervising employees who will be working in the WSA show hall, as well as names, addresses and telephone numbers of key executives for emergency contact.
- 8. Cooperate fully with the WSA show official contractor and assist the official contractor in fulfilling its responsibilities, especially by refraining from placing an undue burden on the official contractor by interfering with the efficient utilization of labor by the official contractor.
- Share with the official contractor all reasonable costs related to EAC's operation, including overtime pay for stewards, restoration of exhibit space to its initial condition, etc.
- 10. EAC will indemnify, defend (with legal counsel satisfactory to Show Management), and hold harmless WSA, its parent companies, its sponsors, the Facilities and their respective owners, directors, officers, employees, members, agents and representatives, against all claims, actions, demands or liability of whatsoever kind and nature, including but not limited to judgments, interest, reasonable attorneys' fees, and all other costs and charges related to or arising out of EAC's noncompliance with or breach of this Agreement, the Rules and Regulations or the terms and conditions set forth in the Exhibitor Services Manual, claims of property or personal injury caused by or attributed in part or in whole to any action or failure to act whether by negligence or otherwise, on the part of the EAC or any of its officers, employees, agents, or representatives, excluding liability caused by the sole and gross negligence or willful misconduct of WSA, or its directors, officers, employees, representatives and agents.
- 11. EAC will be disallowed from entering the premises if
 - a. EAC breaches any provisions of the EAC Agreement

Fill in the following information, sign and return to Operations at WSA - fax 919 370 3173

- b. EAC participation leads to strikes, picketing or other labor action directed at WSA
- c. EAC causes disruptions or unreasonable interference with WSA or any customers of WSA

Till in the following information, sign and return to operations at word – lax 616-579-5175	
Contracting Company Name	
Signature of Authorized Contractor Representative	Date