

Please Return EAC Form By:
01 September 2026

Notification Of Intent To Use EAC

Important Information

Inform your Exhibitor Appointed Contractor (EAC) that they MUST send a copy of their General Liability Insurance Certificate no later than 30 days prior to the first day of exhibitor move in or they will not be permitted to service your exhibit.

You MUST include the Exhibitor Name and Booth # under the Description of Operations section on the Certificate of Insurance.

It is the responsibility of the exhibitor to see that each representative of an EAC abides by the official rules and regulations of this event.

If your company plans to use a firm which is not the official service contractor as designated by Show Management, please complete this form and mail or email to the address listed below.

Please return to: FiO LS and Optica Laser Congress 2026

Please return to: Optica
2010 Massachusetts Ave NW
Washington, DC, 20036
RE: FiO LS 2023

Phone: +1 202.416.1981
Email: exhibits@optica.org

Exhibiting Company Information

Company Name:	Booth Number:
Contact Name:	
Signature:	Date:

Exhibitor Appointed Contractor Information

EAC Company Name:	
EAC Contact Name:	
EAC Address:	
City/State/Zip:	
Contact Email Address:	
Phone:	Fax:
Type of Service to be Performed:	

Third Party Authorization

Important Information

"We understand and agree that we, the exhibiting company, are ultimately responsible for payment of charges and agree by submitting this form or ordering materials or services from Freeman and Optica to be bound by all terms and conditions as described in the Terms & Conditions section of this service manual. In the event that the named third party does not discharge payment of the invoice prior to the last day of the show, charges will revert back to the exhibiting company.

All invoices are due and payable upon receipt, by either party. The items checked below are to be invoiced to the third party." Freeman and Optica reserve all rights to withhold services should full payment not be received and cleared prior to the first day of move-in. Notwithstanding anything to the contrary in this Agreement, Exhibiting Company shall have the ultimate responsibility for the payment of all applicable fees as set forth and in accordance with the schedule set forth. Exhibiting Company's obligation to make payment in accordance with the schedule shall under no circumstances be relieved or excused due to the failure of any third party to issue payments on Exhibitor's behalf.

Third Party covering the following charges for exhibitor:

- Material Handling
- Presta™ Rental Package
- Turnkey Kiosk
- Floor Covering
- Furniture & Accessories
- Display Tables & Counters
- Display & Labor Forklift
- Hanging Sign
- Access & Empty
- Storage Services
- Signage
- Custom Furniture
- All Services

Exhibiting Company Authorization of Third Party Billing

Exhibitor Name: _____ Date: _____

Exhibitor Signature: _____

Exhibiting Company Information

Exhibiting Company Name: _____ Booth Number: _____

Exhibiting Company Address: _____

City/State/Zip: _____

Contact Name: _____ Email Address: _____

Phone: _____ Fax: _____

Third Party Company Information

Third Party Company Name: _____

Third Party Billing Address: _____

City/State/Zip: _____

Contact Name: _____ Email Address: _____

Phone: _____ Fax: _____

Third Party Responsible For (list services): _____

Third Party Credit Card Authorization

Cardholder Name: _____ CCID #: _____ Expiration Date: _____

Account Number: _____ Card Type: _____

Authorized Signature: _____

Card Holder Billing Address: _____ Email Address: _____

City/State/Zip: _____