

Shoff Darby Companies Inc.
6527 Main St.
Trumbull, CT. 06611
T#800-840-7762
F#203-268-0687

Professional Show Managers Association
Exhibitor Reporting Form 07/08

Exhibitor name _____

Exhibitor address _____

Exhibitor phone # _____ Fax # _____

Event Manager _____

Event & location _____

Date of event _____

What are you exhibiting/selling?

Limit of Liability \$1,000,000

Premium:

Non-food Exhibitor \$70.00 each booth

Please enclosed check for the applicable amount, make payable to Shoff Darby, 6517 Main St., Trumbull, CT. 06611

Credit Card Payments: AMEX/MC/Visa # _____ exp date _____

Signature _____

Cardholder name _____

Billing address _____

Coverage is provided for your liability at the event only. Coverage is for the dates of the event only.

You should obtain separate liability coverage for the daily operations of your business. Certificate for your liability at this event will be faxed to you upon receipt of form and payment.