

Please return form to:
Freeman
1000 Elmwood Park Blvd
New Orleans, LA 70123
504-733-7469 Fax: 469-621-5612

DEADLINE DATE
SEPTEMBER 2, 2011

and to:
SAE International
Attn: Sue Miller
400 Commonwealth Dr
Warrendale, PA 15096-0001
724-772-4015 Fax: 724-772-4041

NAME OF SHOW: **SAE 2011 BRAKE COLLOQUIUM & EXHIBITION / SEPTEMBER 19 - 21, 2011**

COMPANY NAME: _____ BOOTH #: _____

ADDRESS: _____
STREET PO BOX CITY STATE ZIP

ORDERED BY: _____ PRINT NAME: _____ DATE: _____

PHONE#:() _____ FAX:() _____ EMAIL: _____

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

Company Name: _____ Booth No.: _____

Contact at Show: _____

Exhibitor Appointed Contractor: _____

Address of Contractor: _____

Type of Service to be Performed: _____

Inform your **Exhibitor Appointed Contractor** that they **MUST** send a copy of their General Liability Insurance Certificate no later than **September 2, 2011** or they will not be permitted to service your exhibit.

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

This form must be received by **September 2, 2011**

NOTIFICATION OF INTENT TO USE eac