



MERCHANDISE REMOVAL FORM AND EMERGENCY CONTACT INFORMATION

This form must be returned by March 12, 2010

EXHIBITING NAME _____

BOOTH NUMBER _____

AUTHORIZED EMPLOYEE LIST

I hereby empower that the following employees are authorized to sign for the removal of art and/or merchandise from the Art Expo New York Show.

_____ PRINT NAME	_____ SIGNATURE
_____ PRINT NAME	_____ SIGNATURE
_____ PRINT NAME	_____ SIGNATURE
_____ PRINT NAME	_____ SIGNATURE
_____ PRINT NAME	_____ SIGNATURE

EMERGENCY CONTACT INFO

In the event we need to contact members of your staff onsite, please complete the following information.

_____ STAFF NAME (ONSITE)	_____ PHONE/CELL #	_____ HOTEL
_____ STAFF NAME (ONSITE)	_____ PHONE/CELL #	_____ HOTEL
_____ STAFF NAME (ONSITE)	_____ PHONE/CELL #	_____ HOTEL

Please mail or fax to: Art Expo New York, Attn: Lauren Serantoni, 222 Merchandise Mart Plaza, Chicago, IL, 60654. Fax: (312) 527-7998. Email: lserantoni@mmart.com.