



**CIM  
ICM**

Canadian Institute of Mining,  
Metallurgy and Petroleum  
Institut canadien des mines,  
de la métallurgie et du pétrole

## **CIM EXPO MONTREAL 2025**

### **EXHIBITORS' APPOINTED CONTRACTOR (EAC)**

Submitting this EAC form with an authorizing exhibitor signature acknowledges that you will abide by, are fully aware of and understand all show guidelines, rules, display regulations, requirements and union jurisdictions on this event. That you the exhibitor and the requested EAC have read the exhibitor manual produced by CIM Show Management available online for all interested parties to review.

This form may only be submitted by the exhibitor. Please complete one form per EACs and submit by deadline date (**March 7<sup>th</sup>, 2025**).

CIM Show Management cannot accept letters, telephone calls, or submissions in any other form or submissions in any form directly from third party vendors/contractors.

EAC's must also submit a Certificate of Insurance for a combined single limit of \$1 million bodily injury and property damage and/or \$1 million general aggregate with a \$ 1 million per occurrence limit. Show contractors shall comply fully with CIM Exhibition directives for move-in and move-out.

If you need further assistance, please email Emie Gendron [egendron@cim.org](mailto:egendron@cim.org) or call **514-939-2710 x1014**.

### **Regulations and Procedures:**

EACs are NOT ALLOWED to perform or provide these services and or labor (Union rules and regulations apply) for the following areas:

Drayage, Fork and Genie Lift Operations, Overhead Rigging, Electrical Services, Plumbing Services, Telecommunication Services, Booth Cleaning, Booth Security and Catering (F&B).

Note: Please complete ALL fields shown below:

**Exhibitor Company Name:** \_\_\_\_\_

**Exhibiting Company Booth Number:** \_\_\_\_\_

**Exhibitor Contact Name and Title:** \_\_\_\_\_

**Exhibitor Address:** \_\_\_\_\_

**Exhibitor Telephone:** (\_\_\_\_\_) \_\_\_\_\_

**Exhibitor Mobile:** (\_\_\_\_\_) \_\_\_\_\_





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Exhibitor Email Address: \_\_\_\_\_

Exhibitor Appointed Contractor: \_\_\_\_\_

EAC Contact Name: \_\_\_\_\_

EAC Address: \_\_\_\_\_

EAC Telephone: (\_\_\_\_\_) \_\_\_\_\_

EAC Mobile: (\_\_\_\_\_) \_\_\_\_\_

EAC Email Address: \_\_\_\_\_

I have notified the above EAC of the CIM Exhibitions Rules and Regulations governing EACs as specified in this exhibitor manual. Authorizing exhibitor, please sign your name here:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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