EXHIBITOR FORM
TLPA 3/26/09 – 3/27/09

EXHIBITOR: _____ BOOTH #: _____

CONTACT: _____

ADDRESS: _____

_____

TELEPHONE: _____ FAX: _____

Exhibitor shall be fully responsible to pay for any and all damages to property owned by Grand Hyatt New York, its owners or managers which result from any act or omission of Exhibitor. Exhibitor agrees to defend, indemnify and hold harmless, Grand Hyatt New York, its owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from or out of or by reason of any accident or bodily injury or other occurrences to any persons, including the injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of the Exhibitors occupancy and use of the exhibition premises, the Hotel or any part there of.

SUMMARY OF EXHIBITORS REQUIREMENTS:

- **COMPLETE THIS FORM , AND ATTACH ALL APPROPRIATE BACK-UP MATERIALS**
- ELECTRICAL REQUIREMENTS: _____ _____
  (# Volts/Ph) (# Amps)
- TELEPHONE REQUIREMENT: _____
- # OF TABLES (6X30) REQUIRED: _____
- CREDIT CARD AUTHORIZATION: Attach Completed Authorization Form along with a LEGIBLE Copy of the Actual Card (Both Front & Back)

NAME: _____
(Please Print Name)

SIGNATURE: _____ DATE: _____

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PLEASE MAIL TO: **or**
GRAND HYATT NEW YORK
PARK AVENUE AT GRAND CENTRAL
NEW YORK, NY 10017
ATTN: Megan McManimon
Convention Services Manager

PLEASE FAX TO:
GRAND HYATT NEW YORK
ATTN.: Megan Cseh
CONVENTION SERVICES MANAGER
FAX #: 646-213-6881