

Exhibitor Insurance Enrollment Form premiere PHILADELPHIA



30285 Bruce Industrial Parkway, Suite B
Solon, OH 44139
Phone: (440) 349-6650 Fax: (440) 815-2154

Log onto: [Show Insurance](#)

CERTIFICATE DEADLINE: August 24, 2018

Fax Completed application to: (440) 815-2154 or email to info@showinsurance.com

Company Information

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Payment Schedule

Mail/ Fax

Online Discount

Prior to August 24, 2018

\$ 99.00

\$ 89.00

Starting August 25, 2018

\$110.00

\$100.00

Method of Payment

Check or Money Order Payable To: Show Insurance, Inc.

(Checks must be in U.S. funds drawn against a U.S. Bank)

Credit Card Payment

(BY SIGNING BELOW YOU AUTHORIZE SHOWINSURANCE.COM TO CHARGE YOUR CREDIT CARD)

Visa Mastercard Amex

Credit Card # _____ Exp. Date: _____ CID# : _____

Cardholder Name (Print): _____

Signature: _____

Cardholder Address if different from above: _____