



Please fax or send this copy to:

SEMI Taiwan
3F, 49-2, Lane 2, Kuang-Fu Road, Sec. 2,
Hsinchu 300, Taiwan
Tel : 886.3.573.3399 Ext. 237
Fax : 886.3.573.3355
Attn : Ms. Cynthia Chen
Email : cchen@semi.org

FORM 11
Deadline
August 12, 2008

EXHIBITOR APPOINTED CONTRACTOR (EAC) BOOTH DESIGN DRAWINGS

All exhibitors who appoint "non-official" contractor (EAC) are required to submit the EAC form along with a final booth plan (including dimensional, section and perspective drawings) before August 12, 2008 for review by SEMI, the local Fire Marshal and TWTC.

To: SEMI Taiwan

We propose to use the EAC named below in connection with our exhibit at SEMICON® Taiwan 2008. We understand and agree that our EAC will abide by all show rules and regulations including those outlined on the exhibit space application and the Exhibitor Services Manual.

Contractor Company Name: _____

On-site Contact Person: _____

Address: _____

Tel: _____

Fax: _____

Mobile: _____ (For the emergency using, please must provide)

Email: _____

※SEMI and TAITRA must approve your nominated contractor along with booth design before they are permitted to work in the exhibition hall. The details of contact information are helpful for emergency contact.

※The EAC agrees that it will indemnify and hold harmless Show Management and the Official General Contractor from any action resulting in injury or damage to persons or property caused by an act of omission, negligence or misconduct on the part of the EAC or any of its agents, servants, employees or contractors.

※EACs MUST comply with the criteria set forth in the Exhibitor Services Manual, including regulations of exhibit installation and dismantling, and electrical supply. The exhibitor is responsible for the actions of their EACs.

If you do not require this service, please indicate "Not Applicable" and return the form to us after completing the box below in typed / written BLOCK letters (please keep a copy for your records).

Company Name : _____ **Booth No. :** _____

Contact Person : _____ **Title :** _____

Address for Invoicing : _____

Tel : _____ **Fax :** _____ **Email :** _____

Authorized by : _____ **Signature :** _____ **Date :** _____ (m)/ _____ (d)/ _____ (y)