##### A black and yellow text Description automatically generated

##### Sponsors Health & Safety Declaration

**Please return this form by 13 June to Sharon Cowley at Angel Business Communications**

**Email:** [sharon.cowley@angelbc.com](mailto:sharon.cowley@angelbc.com)

**Please call with any queries on +44 (0)7738 457316**

It is a condition of entry into the exhibition that every Sponsor, Contractor, sub-Contractor, supplier and their agents comply with the health and safety requirements and all other legislation covering the venue. The Sponsor accepts that it is their legal and moral responsibility to ensure that their own and others’ health and safety is not put at risk by their actions (or inactions) throughout tenancy.

Our Health & Safety representative on the stand will be…............................................................….....……............

**BLOCK CAPITALS**

Position.......................................................................... Mobile Nº................................…………...........

Exhibitor......................................................................………….:.............................………………......

Address....................................................................................................................................…............

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....................................................................................... Postcode............................………..…............

Tel:................................................................................. Fax:....................................………...…...........

**TO BE SIGNED BY A SENIOR PERSON WITHIN THE SPONSOR COMPANY:**

I confirm that the above-named person is responsible for the Health & Safety of our staff and others visiting our booth at Managed Services Summit throughout the event.

I confirm that my Company has Public Liability Insurance cover for a minimum of

€1 million. The Insurance Provider and Policy number is : …………………………………

Authorised by................................................................. Date................................………....…..............

Print:............................................................................... Position..................................……………........