

EXPO SERVICES

CORPORATE OFFICE:
P O Box 2969
Zanesville, Ohio 43702
Phone 740-454-1201
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EXHIBITOR ORDER FORM EXHIBIT BOOTH DECORATING FORM

ADVANCE RATE: ORDER MUST BE RECEIVED 2 WEEKS PRIOR TO OPENING DAY OF SHOW
ALL ORDERS RECEIVED AFTER DEADLINE WILL BE AT FLOOR RATE

FURNITURE - TABLES - CARPETING - ACCESSORIES

QTY	TABLES & RISERS (undraped)	ADVANCE RATE	FLOOR RATE	EXTENDED PRICE
	TABLE - 24"x 4'x 30"	\$28.00	\$33.60	
	TABLE - 24"x 6'x 30"	\$30.00	\$36.00	
	TABLE - 24"x 8'x 30"	\$33.00	\$39.60	
	RISER - 12"x 4'x 12"	\$14.00	\$16.80	
	RISER - 12"x 6'x 12"	\$15.50	\$18.60	
	Extend Table to 40" high	\$10.00	\$12.00	
	TABLES & RISERS (draped)	<i>Circle color preferred</i>	BLACK - BLUE - RED - WHITE - MAROON	
	TABLE - 24"x 4'x 30"	\$42.00	\$50.40	
	TABLE - 24"x 6'x 30"	\$59.00	\$70.80	
	TABLE - 24"x 8'x 30"	\$70.00	\$84.00	
	RISER - 12"x 4'x 12"	\$22.00	\$26.40	
	RISER - 12"x 6'x 12"	\$29.00	\$34.80	
	Extend Table & Drape to 40" high	\$25.00	\$30.00	
	CARPETING	<i>Circle color preferred</i>	BLACK - BLUE - RED - WHITE - MAROON	
	9' x 10' Carpet	\$75.00	\$90.00	
	9' x 20' Carpet	\$150.00	\$180.00	
	9' x 30' Carpet	\$225.00	\$270.00	
	Carpet Padding	\$0.70/sq.ft.	\$0.84/sq.ft.	
	Custom Size Carpet _____' x _____'	\$0.83/sq.ft.	\$0.95/sq.ft.	
	FURNITURE			
	FOLDING CHAIR	\$5.00	\$6.00	
	STACK CHAIR	\$25.00	\$30.00	
	BAR STOOL	\$30.00	\$35.00	
	OFFICE CHAIR	\$40.00	\$45.00	
	WASTE BASKET	\$10.00	\$12.00	
			SALES TAX @ 6.75%	
	PLEASE MAKE CHECKS PAYABLE TO: EXPO SERVICES		TOTAL	

The above is a basic listing of items available. Contact a representative for quotation on other items.

CHECKS - Please complete the following:	CREDIT CARD - Please complete the following: VISA M/C AM EX DIS <small>(CIRCLE ONE)</small>
Check Number: _____ Dated _____	Acct. Number _____
Amount \$ _____	I.D. Number _____ 3 or 4 digit no. on back of card
NOTE: All Checks are deposited upon receipt. Do not post date! There is a \$25.00 charge for all checks returned by the bank.	Card Holder Name _____ EXP. _____
	Signature _____

Name of Event _____	Booth Number(s) _____	50% CANCELLATION FEE FOR ALL ORDERS CANCELLED
OR		CHANGED AT SHOW SITE.
Firm Name _____	Tel. No. _____	PAYMENT MUST BE RECEIVED BEFORE SERVICE IS PROVIDED.
Address _____	City _____ State _____ Zip _____	
Print Your Name _____	Signature _____	

THIS FORM MUST BE COMPLETED AND RETURNED FOR YOUR ORDER TO BE PROCESSED. KEEP A COPY FOR YOUR RECORDS