

EXHIBIT INSTALLATION & DISMANTLE ORDER FORM

Expo Name: NFBO

Date: June 1 & 2, 2013

City: Raleigh NC

RETURN TO: Spirit Exposition Services, LLC 22955 Antique Ln New Caney Tx. 77357 Fax to: 281-399-8625

COMPANY					BOOTH NUMBER	
ADDRESS	STREET	CITY	STATE	ZIP	COUNTY	
PHONE		FAX		PURCHASE ORDER NUMBER		
AUTHORIZED CONTACT SIGNATURE			AUTHORIZED CONTACT-PLEASE PRINT		DATE	

SUPERVISION SERVICES

_____ **Spirit Supervised** (Proceed)
 Spirit will supervise labor to:
 Unpack and install display before exhibitor arrival at show site
 Dismantle, pack and arrange to ship display after show closing

_____ **Exhibitor Supervised** (Do Not Proceed)
 Exhibitor will supervise:
 Installation
 Exhibitor will need workers on (date)_____ at (time)_____ a.m. p.m. for (hours) _____

 Dismantle
 Exhibitor will need workers on (date)_____ at (time)_____ a.m. p.m. for (hours) _____

Please check in at Spirit Service Center one half (1/2) hour before scheduled time. Labor canceled with out twenty-four (24) hour notice shall be charged a one (1) hour cancellation fee per worker. If exhibitor fails to use the workers at the time confirmed, a one hour (1) No-Show charge per worker will apply.

DISPLAY LABOR RATES : \$45.00 per hour per man

The minimum charge for labor is one (1) hour per worker. Labor thereafter is charged in one-half (1/2) hour increments. All rates are subject to change if necessitated by increased labor costs.

Estimate the number of workers and hours per worker needed below. Invoices will be calculated according to actual hours worked.

	<u>No. of Workers x Hours / Worker = Total Worker Hours</u>	<u>@ Rate</u>	<u>Total</u>
Installation	_____	_____	_____
Dismantle	_____	_____	_____
Total			_____

CREDIT CARD AUTHORIZATION FORM

Expo Name: **NFBO** Date: **June 1 & 2, 2013** City: **Raleigh NC**

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E-Mail Address _____

Orders are governed by the Spirit payment policy & the limits of liability & responsibility

Credit Card Charge Authorization

MasterCard
 Visa
 American Express
 Corporate
 + Personal

Account Number _____ Expiration Date _____

CARDHOLDER'S BILLING ADDRESS IF DIFFERENT FROM ABOVE	CITY	STATE	ZIP	COUNTY
CARDHOLDER'S SIGNATURE	CARDHOLDER'S NAME - PRINT			

Calculation Of Orders

TOTAL FROM EACH FORM

FURNITURE & ACCESSORIES		_____
SPECIALTY FURNITURE		_____
CARPET		_____
SIGNS		_____
CLEANING		_____
LABOR		_____
FREIGHT HANDLING		_____
OTHER SPIRIT SERVICES		_____
Sub Total		_____
Processing Fee		5.00
TOTAL		_____

RETURN TO: Spirit Exposition Services, LLC 22955 Antique Ln. New Caney, TX 77357 or FAX TO: 281-399-8625

Payment may be made by check drawn in U.S. funds on a U.S. bank

Check no. _____ Dated _____ In the amount of _____

Cancellation Policy: Items cancelled will be charged at 50% of original price after move-in begins and 100% of original price after installation.