

DISPLAY LABOR AND IN BOOTH FORKLIFT SERVICE ORDER FORM

**P.O. Box 21245 - Louisville, KY 40221
Ph. (502) 969-8588 - Fax (502) 968-4788**

DEALINE FOR RETURN OF FORM: **

Payment Policy -

Payment in full, including tax, must accompany order and be recieved by our office by deadline to qualify for discount rates. Please complete payment authorization form.

Cancelation Policy -

Cancelation after the deadline will be charged at 50% of prevailing rate. Cancelation after installation will be 100% of prevailing rate.

VALID REFUNDS WILL BE ISSUED AFTER CLOSE OF SHOW

Late Request -

Requests after deadline will be filled as available at the standard rates.

Color/Size Selection-

Choices not indicated will be selected by AG Exhibitions, INC to coordinate with the show colors and size of exhibit.

PLAN A - Supervision by A.G. Exhibitions, INC

To save time and alleviate exhibitor supervision, PLAN A (supervised by A.G. Exhibitions) is provided so that exhibits may be installed prior to the exhibitor's arrival. All pertinent information should be directed to us, including blueprints, photographs, shipping information and set-up instructions. Professionally trained personnel are used on installation/dismantles, and where possible , all work is performed on straight time. Charge for supervised service is 30% with a minimum of \$25.00 of the total labor bill. Please provide and emergency contact telephone number (____) _____

Please indicate if in booth forklift/Operator is needed for installation of exhibit (not unloading):

ORDER	NUMBER OF MEN REQUIRED	EST. HRS (1 HR. INCRIMENTS) EACH MAN
Labor For Installation		
Labor For Dismantle		

1. Number of forklifts needed: _____
2. Date Needed: _____
3. Est. Starting Time: _____ AM / PM
4. Est Finishing Time: _____ AM / PM
5. Comments: _____

PLAN B- Supervision by Exhibitor Personnel

Starting time can be guaranteed only in those instances where men are requested to start at the official setup time. While every attempt will be made to provide men at later times, their starting time must be approximate since men assigned to jobs at the start of the day can not gauge exact completion time of first job assignment. It is important that the exhibit representative check in at the service desk to pick up labor ordered. Exhibit representative must also check the labor back in at the service desk upon completion of work. All work will be done under supervision of the exhibitor representative.

Please indicate if in booth forklift/Operator is needed for installation of exhibit (not unloading):

ORDER	NUMBER OF MEN REQUIRED	EST. HRS (1 HR. INCRIMENTS) EACH MAN	START TIME	START DATE	# OF DAYS
Labor For Installation					
Labor For Dismantle					

1. Number of forklifts needed: _____
2. Date Needed: _____
3. Est. Starting Time: _____ AM / PM
4. Est Finishing Time: _____ AM / PM
5. Comments: _____

Rates: Estimate Labor Services Cost for Advance Payment

Charges for labor service are based on prevailing rates of labor and materials. All labor before 8:00AM and after 5:00 PM weekdays and all hours Saturday, Sunday, and holidays will be charged at overtime rate. Minimum charge one (1) hour per man. Rates are as follow:

INSTALLATION

Number Of Men _____ x Number of hours per man _____ x Number of Days _____ = Total Straight Time Hours x \$35.00/Hr. = \$ _____
 Number Of Men _____ x Number of hours per man _____ x Number of Days _____ = Total Overtime Hours x \$77.00/Hr. = \$ _____
 Number Of Fork / Operators _____ x Number of hours per man _____ x Number of Days _____ = Total Straight Time Hours x \$69.00/Hr. = \$ _____
 Number Of Fork / Operators _____ x Number of hours per man _____ x Number of Days _____ = Total Overtime Hours x \$108.00/Hr. = \$ _____

DISMANTLE

Number Of Men _____ x Number of hours per man _____ x Number of Days _____ = Total Straight Time Hours x \$35.00/Hr. = \$ _____
 Number Of Men _____ x Number of hours per man _____ x Number of Days _____ = Total Overtime Hours x \$77.00/Hr. = \$ _____
 Number Of Fork / Operators _____ x Number of hours per man _____ x Number of Days _____ = Total Straight Time Hours x \$69.00/Hr. = \$ _____
 Number Of Fork / Operators _____ x Number of hours per man _____ x Number of Days _____ = Total Overtime Hours x \$108.00/Hr. = \$ _____

Add 30% if supervised by A.G. Exhibitions, INC. (\$25.00 min)= \$ _____

No credit will be given after close of event on items or services ordered but not received.

Subtotal \$ _____

If you have a problem, please see the A.G. Exhibitions Desk Personnel at the event site prior to opening.

****TRANSFER AMOUNT TO LINE D ON PAYMENT INFORMATION PAGE****

Name of Event: _____ Booth # _____ Firm Name: _____

Phone : (____) _____ Fax: (____) _____ Address _____ (street) (City) (State) (Zip)

Print/Type Name: _____ Signature: _____ Date: _____

*****THIS FORM MUST BE COMPLETELY FILLED OUT AND RETURNED FOR YOUR ORDER TO BE PROCESSED*****

*****PLEASE KEEP A COPY FOR YOUR RECORDS, AS WE DO NOT SEND CONFIRMATION OF ORDERS!*****