

# EXPO SERVICES

## Order Form C

CORPORATE OFFICE:

P O Box 2969  
Zanesville, OH 43702  
Phone/Fax: 740-454-1201  
Email:  
exposervicesoec@gmail.com

### Exhibitor Services: Sign, Banner, Rigging, & Labor Request

Name of Event \_\_\_\_\_ Booth Number \_\_\_\_\_

Firm Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Ordered by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### RIGGING INFORMATION

Set-up Date \_\_\_\_\_ Time \_\_\_\_\_ Take Down Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Services: \_\_\_\_\_

Description of Services \_\_\_\_\_

Special Instructions \_\_\_\_\_

#### RIGGING COST ESTIMATE

##### RIGGING MATERIALS EXTRA

Sign & Banner Hanging	Rate	#Men	Hours/Man	Total
<b>Move-in Move-out</b>				
<b>Mon-Fri-1hour Minimum</b>				
8:00AM-5:00PM	\$35hr	_____	_____	_____
5:00PM-12:00AM	\$45hr	_____	_____	_____
12:00AM-8:00 AM	\$70hr	_____	_____	_____
<b>Sat-Sun-1 hour Minimum</b>				
8:00AM-5:00PM	\$45hr	_____	_____	_____
5:00PM-12:00AM	\$55hr	_____	_____	_____
Scissor Lift (when needed)	\$25hr	_____	_____	_____
Fork Lift Service (2hour Minimum)	\$65hr	_____	_____	_____

SALES TAX-ADD 7.5% \_\_\_\_\_

TOTAL \_\_\_\_\_

#### METHODS OF PAYMENT

**CHECKS - Please complete the following:**

**MAKE CHECKS PAYABLE TO : EXPO SERVICES**

Check Number: \_\_\_\_\_ Dated \_\_\_\_\_

Amount \$ \_\_\_\_\_

NOTE: All Checks are deposited upon receipt. Do not post date!  
There is a \$25.00 charge for all checks returned by the bank.

**CREDIT CARD - Please complete the following: VISA M/C AM EX DIS**

Acct. Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ I.D. Number \_\_\_\_\_ 3 or 4 digit no. on back of card

Card Holder \_\_\_\_\_

Signature \_\_\_\_\_

**PAYMENT MUST BE RECEIVED IN FULL PRIOR TO DEADLINE TO BE ENTITLED TO ADVANCE RATE**

1. No Exhibitors or Decorators are permitted to hang any material from OEC buildings
2. A drawing for placement of signs or banners must be shipped with item for advanced rigging to EXPO SERVICES

Name of Event <b>2020 Equine Affaire</b>	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