

PAYMENT INFORMATION FORM

DEALINE FOR RETURN OF FORM:

Sept 1, 2017

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

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

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR ORDER

	Services and Equipmen		
* NOTE: ONLY CO	MPLETE INFORMATION ASSO	DCIATED WITH ENCL	OSED FORMS*
A) Furniture Rental Order Fo	orm		\$
B) Carpet Rental Order Form		·	\$
C) Chrome Grid Wall and Pai Board Order Form	nel		\$
D) Hanging Sign Information	n	Non Taxable	\$N/A
E) Display Labor in Booth Forklift Service Order Forn	n	Non Taxable	\$
F) Special Furniture	· · · · · · · · · · · · · · · · · · ·		\$
G) Freight		Non Taxable	\$
IF EXEMPT FROM SALES/USE WE MUST HAVE A COPY OF Y	ARE SUBJECT TO KENTUCKY SALES TAX*** E TAX WITHIN THE STATE OF KENTUCKY OU CERTIFICATE OF EXEMPTION FORM OU MUST PAY APPLICABLE TAX.	,	Subtotal: 6.00% State Sales Tax: Non-Taxable Total: TOTAL:
	Payment By Che	ıck	
PLEASE MAKE CHECK TO:	Please Complete The Follow	ing:	
	Check Number	Dated	In Amount Of \$
A G Evhibitions		Dated	
A.G. Exhibitions	NOTE:All checks are deposited upon	receipt. Do not post date. The	ere is a \$35.00 for all checks returned by bank.
	NOTE: All checks are deposited upon Payment By Credit	receipt. Do not post date. The	ere is a \$35.00 for all checks returned by bank.
	NOTE: All checks are deposited upon Payment By Credit	receipt. Do not post date. The	ere is a \$35.00 for all checks returned by bank.
lease complete ALL information. Note: All o	NOTE: All checks are deposited upon Payment By Credit	receipt. Do not post date. The	ore is a \$35.00 for all checks returned by bank. NOTE: PLEASE INCLUDE
lease complete ALL information. Note: All o	NOTE:All checks are deposited upon Payment By Credit charges are processed thru ou	receipt. Do not post date. The	ere is a \$35.00 for all checks returned by bank.
lease complete ALL information. Note: All o Card Member Name: Card Type: UISA	NOTE:All checks are deposited upon Payment By Credit charges are processed thru ou	receipt. Do not post date. The Card Ir Louisville, Ky office	NOTE: PLEASE INCLUDE THE ID NUMBER AS SHOWN ON THE BACK
lease complete ALL information. Note: All of Card Member Name: Card Type: Ccount Number: Signa	NOTE: All checks are deposited upon Payment By Credit charges are processed thru ou MASTERCARD ture:	receipt. Do not post date. The Card Ir Louisville, Ky office AMEX	NOTE: PLEASE INCLUDE THE ID NUMBER AS SHOWN ON THE BACK OF CARD
lease complete ALL information. Note: All of Card Member Name: Card Type: Card Type: Ccount Number: Signa **Note: Orders recieved without payment, in	NOTE:All checks are deposited upon Payment By Credit charges are processed thru ou MASTERCARD ture: FULL (TAX INCLUDED) WILL NOT BE PROC	Treceipt. Do not post date. The Card Ir Louisville, Ky office AMEX CESSED AND WILL NOT BE ENT	NOTE: PLEASE INCLUDE THE ID NUMBER AS SHOWN ON THE BACK OF CARD
lease complete ALL information. Note: All of Card Member Name: Card Type: Card Type: Count Number: Signa **NOTE: ORDERS RECIEVED WITHOUT PAYMENT, IN LAMB ame of Event: 2017 KLA	NOTE: All checks are deposited upon Payment By Credit charges are processed thru ou MASTERCARD ture: FULL (TAX INCLUDED) WILL NOT BE PROCESSED.	Treceipt. Do not post date. The Card Ir Louisville, Ky office AMEX CESSED AND WILL NOT BE ENT	NOTE: PLEASE INCLUDE THE ID NUMBER AS SHOWN ON THE BACK OF CARD
lease complete ALL information. Note: All of Card Member Name: Card Type:	NOTE:All checks are deposited upon Payment By Credit charges are processed thru ou MASTERCARD ture: FULL (TAX INCLUDED) WILL NOT BE PROC Booth #	TESSED AND WILL NOT BE ENT	NOTE: PLEASE INCLUDE THE ID NUMBER AS SHOWN ON THE BACK OF CARD #
lease complete ALL information. Note: All of Card Member Name: Card Type: VISA ccount Number: Signa **NOTE: ORDERS RECIEVED WITHOUT PAYMENT, IN ame of Event: 2017 KLA hone:() Fax: (Print/Type Name:	NOTE:All checks are deposited upon Payment By Credit charges are processed thru ou MASTERCARD ture: Booth # Signature:	Treceipt. Do not post date. The Card Ir Louisville, Ky office AMEX CESSED AND WILL NOT BE ENT	NOTE: PLEASE INCLUDE THE ID NUMBER AS SHOWN ON THE BACK OF CARD #
Card Member Name: Card Type: VISA Card Type: VISA Card Type: Signa **NOTE: ORDERS RECIEVED WITHOUT PAYMENT, IN Jame of Event: Print/Type Name: ddress (Street, City, State, Zip):	NOTE:All checks are deposited upon Payment By Credit charges are processed thru ou MASTERCARD ture: Booth # Signature:	Treceipt. Do not post date. The Card Ir Louisville, Ky office AMEX CESSED AND WILL NOT BE ENT	NOTE: PLEASE INCLUDE THE ID NUMBER AS SHOWN ON THE BACK OF CARD #

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



DEALINE FOR RETURN OF FORM:

Sept. 1, 2017

CARPET RENTAL ORDER FORM

<u>Payment Policy</u> 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

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

YALID 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.

	Standard Exh	ibit Booth Carpet	
		nly. Standard booth carpet is designed for use in standard size arpets are not guaranteed to be a color match. If complete are	
CHECK ONE	DISCOUNT STANDARD RATE RATE	CHECK ONE	DISCOUNT STANDARD RATE RATE
9 Ft. X 10 Ft.	\$120.00 \$155.00	9 Ft. X 30 Ft.	\$345.00 \$395.00
9 Ft. X 20 Ft.	\$230.00 \$270.00	9 Ft. X 40 Ft.	\$460.00 \$520.00
☐ Blue ☐ Gi	Please check color rey Red	r desired f or standard carpet. Hunter Black B Green	urgandy 🔲 Teal
	and the state of t	bit Area Carpet	
Complete exhibit area carpet price inclu			STANDARD TOTAL RATE
Blue Gr	Please check color desired for ey Red	Hunter Black B	urgandy Teal
	Custom Decorat	Green tors Plush Carpet	
Custom carpet is an upgrade 34oz. Carpet		order is 300 Sq. Ft. Orders must be recieved in our offic	e 4 weeks prior to show.
Custom Carpet Size	Ft. x Ft. =	Sq. Ft. @ \$2.65/Sq. Ft. = \$	
Silver Grey French Beige Grey Pearl	Berry Charcoal Burgundy	carpet (Samples available upon request). Emerald Black White Colony Blue Blue Mist Red	Płum Peacock Cream,
l a	uamy - Protective i	Plastic Covering - Tape	
6 lb. Padding Area SizeFt.	xFt	Sq. Ft. @ \$1.05/Sql. Ft. = \$)	
Plastic Area SizeFt.	x Ft	Sq. Ft. @ \$0.20/Sql. Ft. = \$)	
	Vacuuming / S	Shampoo	
Over 1000 Sq. Ft Carpet Size ONE TIME VACUUM-Carpet is vacuu	_=Total Sq. Ft. x \$0.20 _x =Total Sq. F med ONCE before initial openii	of exhibit and DAfLY thereafter. 1) per Sq. Ft x # of Days = Total \$ 1. x \$0.15 per Sq. Ft x # of Days = Total \$ 1. ng of exhibit: Total Sq. Ft X \$0.25 per Sq. 1. cted to excessive wear and such as wood shavings, for	. Ft. = Total \$
Name of Event: 2017 KLA		Name: Phone :()	
		Subtotal	\$
Address(Street) (City) (State)	(Zip)	**TRANSF LINE A	ER THIS AMOUNT TO ON THE PAYMENT MATION PAGE***
Print/Type Name:	Signature:	Date:	



DEALINE FOR RETURN OF FORM:

Sept 1, 2017

FREIGHT/DRAYAGE

IMPORTANT:

IT IS THE RESPONSIBILITY OF THE SHIPPER/EXHIBITOR TO PROPERLY LABEL ALL SHIPMENTS (AS SHOWN) A.G. Exhibitions, INC. WE WILL NOT ACCEPT ANY SHIPMENTS WITHOUT ALL NECESSARY INFORMATION LISTED ON ALL LABELS.

> A.G. Exhibitions, INC. must be advised (2) two weeks in advance of delivery date of any oversized freight (single pieces over 3,500 lbs. or odd shaped pieces) which will require unloading/reloading.

A.G. Exhibitions HAS BEEN SELECTED AS THE OFFICIAL DRAYAGE CONTRACTOR FOR THIS EVENT

INSTRUCTIONS

- 1. Mail this form with advance payment to above A.G. Exhibitions, INC. Address by above deadline.
- 2. All shipments must be prepaid. Collect shipments will not be accepted.
- 3, All advance to warehouse shipments must be targeted to arrive BETWEEN: *Sept 11-19*
- 4. All inbound shipments direct to event site must be targeted to arrive on or after: *Call for details*
- 5. All charges for freight services in accordance with rate schedule below are due in advance.

Advance Receiving

Direct to Event Site Label each piece of your shipment(s) as follows:

Label each piece of your shipment(s) as follows:

TO:

TO: A.G. Exhibitions, INC.

> 642 Barret Ave. Louisville, KY 40204

Galt House c/o A.G. Exhibitions

4th street Dock 140 N. Fourth St.

Louisville, KY 40202

FOR:

EXHIBIT BOOTH #

FOR:

EXHIBIT BOOTH #

Rate Schedule

RATES APPLY to each 100lbs, or fraction thereof and are based on the actual or estimated INBOUND weight, No allowance will be made for attachments during the event. Each shipment is considered seperately, NO cumulative weights will be allowed on minumums, split shipments, free astray, etc. Charges are based on 100 lb. minimum per shipment.

SHIPMENTS OR EQUIPMENT REQUIRING SPECIAL HANDLING will be subject to a 50% surcharge in addition to the rates listed above. This classification shall be applied to, but not limited to, van shipments or shipments which are packed in such a manner as to require unloading by hand (i.e. loose display parts, uncrated equipment not delivered on a flatbed truck, etc). Material will be unloaded from vans, exhibitor's truck, or trucks of others. Delivered to the exhibitiors booth, picked up at the close of the show, moved to the loading area and reloaded on trucks. It is incumbent on the exhibitor to provide written and accurate weight information on each shipment.

EXHIBITS TO BE STORED will be charged at a minimum monthly rate of \$12.00 cwt. per month or fraction thereof. No additional charge will be made for inbound shipments to advance warehouse when recieved 14 days prior to the show.

RATE SCHEDULE

- 1. Shipments recieved at advance warehouse, unloaded, stored up to 14 days, delivered to the unloading area of the exhibit facility, taken to the exhibitor's booth, empty packing cases removed to storage and returned to booth, shipments picked up at exhibitor's booth at the close of the event, moved to the unloading area and reloaded on truck. THIS SERVICE WILL BE PROVIDED FOR \$50.00 PER CWT. BOTH IN & OUT FREIGHT HANDLING.
- 2. Shipments as abover but recieved at the exhibit facility. THIS SERVICE WILL BE PROVIDED FOR \$50.00 PER CWT, BOTH IN & OUT FREIGHT HANDLING.

Date:

Estimate Drayage Services Cost For Advance Payment

Enter total pounds below of all your shipments by rounding up each total shipment weight to the next nearest 100 pounds (i.e. One 253 lbs. Shipment of any number of pieces would be figured as 300 lbs., 518 lbs. of any number of pieces would be figured as 600 lbs., 795 lbs. as 800 lbs., etc). Any shipment with a total of less than 100 lbs. should be calculated at 100 lbs. minimum.

ADVANCE WAREHOUSE SHIPMENTS 100 LBS. MINIMUM

Print/Type Name:

Total Combined Weight of ALL Shipments (rounded up) divided by 100 lbs. = TTL	cwts. X \$50.00 per cwt. = Cost \$
---	------------------------------------

Special notice to Exhibitions: ABF is the preferred handler for the out. Any freight brought back to A.G. Exhibitions where house will be shipped out ABF. You are responsible to have your shipping company, if not ABF, to have your freight off show floor at close of show. Total è

Transfer t	total to Line G on the	Payment Information Page		10(a) 3		
Name of Event: 2017 KLA	Booth #	Firm Name:		- Walter Company		
Phone :(Fax: ()		Address				
		(street)	(City)	(State)	(Zip)	

Signature:



DEALINE FOR RETURN OF FORM:

Print/Type Name:_

Sept 1, 2017

Form C **CHROME GRID WALL AND** PANEL BOARD ORDER FORM

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

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.

	VAILABILITY ALL ORDERS ON ITEMS LISTED BELOW MUST N DATE. ANY ORDERS ARFTER THIE DATE WILL CARRY A %			
	AND STYLE OF PANEL REQUIRED. STYLE:			
TYPE: Chrome Grid Wai		C**	□ v	
Perforated board			l' panels and one 2' te depth of side wii 4' DEEP	
	VALLS ACCORDION STYLE STYLE "H" Horizontal STYLE "C" Complete Coverage	 	STYLE "V" V	ertical
CHROME GR	ID WALLS are available in 2' \times 8' sections that can be linked together accordion	style to for	r a free standing	display.
QUANTITY	DESCRIPTION	DISCOUNT	STANDARD	TOTAL
	2' x 8' Chrome Grid Wall	\$35.00	\$50.00	····
	TACKBOARD OR VELCRO PANELS COLORS: BLACK WHITE BLUE RED			
QUANTITY	DESCRIPTION	DISCOUNT	STANDARD	TOTAL
	4' x 8' Tackboard Panel	\$90.00	\$117.00	
	2' x 8' Tackboard Panel	\$75.00	\$97,50	
	4' x 8' Velcro (loop fabric) Panel	\$125.00	\$156.50	
	2' x 8' Velcro (loop fabric) Panel	\$105.00	\$130.50	
	PERFORATED BOARD COLOR: BLACK WHITE SINGLE FACE PANEL DOUBLE FACE PANEL			
QUANTITY	DESCRIPTION	DISCOUNT	STANDARD	TOTAL
	4' x 8' Perforated Board Panel	\$75.00	\$97.50	
	2' x 8' Perforate Board Panel	\$60.00	\$78.00	
ordered but not receive Service Desk Personnel NOTE: NO EXHIBITO	ofter close of event on items or services d. If you have a problem, please see the at the event site prior to opening. Charges listed above include delivery to your booth, rental (not sale) during the event, and removal. CREATERIAL CAN BE ATTACHED TO BOOTH	,	Subtotal \$_	JNT TO LINE D ON
DRAPEKT, SUPPORT	TING METAL OR TABLE SKIRTING.		PAYMENT INFOR	
Name of Event:	2017 KLA Booth # Firm Name:			
Phone :()	Fax: () Address			

Signature:_

(street)

(City)

(Zip)

(State)

Date:



DEALINE FOR RETURN OF FORM: *Sept. 1, 2017*

	Miscellaneous Acc	essor	es	
Qty	DESCRIPTION	Discount Rate	Standard Rate	Amoun
	Stack Chair, Gray/Padded, No Arms	\$30.00	\$35.00	
	Stool 30" Gray w/ back	\$45.00	\$50.00	
	Wastebasket w/ Liner	\$10.00	\$12.00	2
	Easel, Chrome/Tripod	\$20.00	\$25.00	
	Stanchion, Chrome	\$25.00	\$30.00	
	Stanchion Rope, Blue/Padded	\$20.00	\$25.00	
	White Plastic Chain (per Ft.)	\$2.00	\$3.00	
	Stanchioan, Black/Metal	\$10.00	\$15.00	

	Sp	ecial Boo	th Dr	aping		
	White Vinyl 1	able Cover		\$6.00	\$8.00	
Ft	Special Skirti	ng, 30" Ht./per Li	inear Ft.	\$3.00	\$5.00	
Ft	Special Skirti	ng, 40" Ht./per Li	inear Ft.	\$5.00	\$7.00	
Ft	Siderail Drap	e, 36" Ht./per Lin	ear Ft,	\$3.00	\$4.00	
Ft	Siderail Drap	e, 96" Ht./per Lin	ear Ft.	\$5.00	\$7.00	
		Circle Co	lor Sele	ction		
Black	Blue	Burgand	ly	Gold		Teal
Gı	ray i	Red	White	e	Hunter Green	

Wood Risers (N	lo Drapin	g)	
4' Long, 12" Wide x 12" High	\$15.00	\$20.00	
 6' Long, 12" Wide x 12" High	\$20.00	\$25.00	
 8' Long, 12" Wide x 12" High	\$25,00	\$30.00	

No credit will be given after close of event on items or services ordered but not recieved. If you have a problem, please see the Service Desk Personnel at the event site prior to opening.

Charges listed above include delivery to your booth, rental(not sale) during the event, and removal.

Form A FUNITURE RENTAL ORDER 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.

	Display	Table	s - 30" H	igh x 2	' Wide	
Qty	DI	SCRIP	TION	Discount Rate	Standard Rate	Amount
	4' Long Ta	ble SKIRTE	D 3 SIDES	\$65.00	\$75.00	
	6' Long Ta	ble SKIRTE	D 3 SIDES	\$75.00	\$90.00	
	8' Long Ta	ble SKIRTE	D 3 SIDES	\$85.00	\$100.00	
	4' Long Ta	ble NOT Sk	IRTED	\$25.00	\$30.00	
	6' Long Ta	ble NOT Sk	URTED	\$30.00	\$35.00	
	8' Long Ta	ble NOT Sk	(IRTED	\$35.00	\$40.00	
	4th Side S	kirted 6' or	8' (30" or 40")	\$25.00	\$30.00	
		Ċi	rcle Color Sel	lection		
В	lack ·	Blue	Burgano	dy	Gold	Teal
Hunter Green	Gray	F	Red	White		xpo reen

	Display	Tables	- 40" Hi	igh x 2	' Wide	
	4' Long Ta	bie SKIRTED 3	SIDES	\$75.00	\$85.00	
	6' Long Table SKIRTED 3 SIDES			\$85.00	\$100.00	,
	8' Long Table SKIRTED 3 SIDES			\$95.00	\$110.00	
	4' Long Ta	ble NOT SKIR	ΓΕD	\$35.00	\$40.00	
	6' Long Ta	ble NOT SKIR	ΓED	\$40.00	\$45.00	
	8' Long Ta	ble NOT SKIR		\$45.00	\$50.00	
		<u>Circle</u>	Color Selec	<u>tion</u>		
Black	Đ	lue	Burgandy	C	iold	Teal
Hunter Green	Gray	Red		White	Exp Gree	

	<u> </u>	Vood Ri	sers Wit	h Dra	aping	
	4' Long, 12" Wide x 12" High				\$40.00	
	6' Long, 12	" Wide x 12" F	ligh	\$40.00	\$50.00	
		" Wide x 12" F		\$50.00	\$60.00	
			e Color Sele	/		
Bi	lack	Blue	Burgandy		Gold	Teal
Hunter Green	Gray	Rec	l	White		xpo reen

Subtotal \$

NOTE: NO EXHIBITOR MATERIAL CAN BE ATTACHED TO BOOTH DRAPERY, SUPPORTING METAL OR TABLE SKIRTING.

NO RENTAL ITEMS/MATERIAL(S) may be ALTERED in any way. ANY and ALL DAMAGES /ALTERATIONS WILL BE CHARGED at REPLACEMENT COST (rental rate will not apply as credit) and will be the RESPONSIBILITY of the EXHIBITOR

TRANSFER THIS AMOUNT TO LINE **A ON THE PAYMENT INFORMATION PAGE***

				· · · · · · · · · · · · · · · · · · ·		
Name of Event:	_2017 KLA	Booth #	Firm Name:			-
Phone :()	Fax: ()		Address			
			(street)	(City)	(State)	(Zip)
Print/Type Name:_		Signatur	'e:		Date:	



DEALINE FOR RETURN OF FORM:

Sept 1, 2017

INBOUND SHIPMENT FORM

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

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.

l N	BOUND SHIPMENT - FO	R EVENT		
A.G. Exhibitons must be advised (2) weeks in		zed freight (single p	ieces over 3,500 lbs or	r odd shaped
Shipper		Estimated A	d rrival Date t	·
CHECK ONE: to advance f	Receiving Warehouse	direct	t to Show Site	
	OUTBOUND			
Shipper From (City / State) Carrier Total # of pieces		Estimated Ai	d rrival Date t	
CHECK ONE: to advance F	Receiving Warehouse	direct	t to Show Site	
When you pay A.G. Exhibitions fo your shipping company to your allowed to use any shipping comp and notify A.G. Exhibitions which co freight after the show. Any freigh responsiblity. This freight will b	booth, and back to your ship bany of your choice. But you r ompany will drop off your fre t left on the show floor after r	. Exhibitions to ping company nust make all thight, and which nove out time tes and billed to	after the show. Y le shipping arrand company will ha decomes A.G. Exh do you, <u>ABF</u> unless	ou are gements indle your nibitions
Name of Event: 2017 KLA		Name:		_
Phone :(Fax: (Fax: (Address Signature:	(street)	(City) (State) Date:	(Zip)



DEALINE FOR RETURN OF FORM:

Sept 1, 2017

Form F SPECIAL FURNITURE

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.

	BOOTH ESSE	NTL	ALS	
Qty	DESCRIPTION	Discount Rate	Standard Rate	Amount
	Swivel Desk Chair	\$60.00	\$80.00	
	*Black Leather Loveseat	\$450.00	\$590.00	
	*Black Leather Chair	\$280.00	\$360.00	
	*Leather Sofa	\$475.00	\$600.00	
	**Pedestal Table - 36" Dia. 30" ht.	\$80.00	\$110.00	
	**Pedestal Table - 36" Dia. 40" ht.	\$80.00	\$110.00	
	Black-top Bistro 36"W x 42"H	\$185.00	\$240.00	
	Black Table Lamp	\$75.00	\$95.00	
	Cherry Cocktail Table	\$125.00	\$160.00	
	Cherry End Table	\$100.00	\$130.00	
	Chrome Bag Stand	\$30.00	\$40.00	
	** 60" Round Table	\$ 90.00	\$115.00	

^{* -} Call (502-375-5811) for more color options

No credit will be given after close of event on items or services ordered but not recieved. If you have a problem, please see the Service Desk Personnel at the event site prior to opening.

Charges listed above include delivery to your booth, rental(not sale) during the event, and removal.

NOTE: NO EXHIBITOR MATERIAL CAN BE ATTACHED TO BOOTH DRAPERY, SUPPORTING METAL OR TABLE SKIRTING.

NO RENTAL ITEMS/MATERIAL(S) may be ALTERED in any way. ANY and ALL DAMAGES / ALTERATIONS WILL BE CHARGED at REPLACEMENT COST (rental rate will not apply as credit) and will be the **RESPONSIBILITY** of the **EXHIBITOR**.

Subtotal	\$

TRANSFER THIS AMOUNT TO LINE A ON THE PAYMENT **INFORMATION PAGE***

Name of Event:2017 KLA		Booth # Firm	n Name:			-
Phone :()_	Fax: ()	Addre	·ss		···	
			(street)	(City)	(State)	(Zip)
Print/Type Name:	•	Signature:			Date:	

^{**-} Add \$30.00 for table cloth



DEALINE FOR RETURN OF FORM:

Sept 1, 2017

DISPLAY LABOR AND IN BOOTH FORKLIFT SERVICE ORDER 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

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

mber Of Men mber Of Fork / Operato mber Of Fork / Operato mber Of Men mber Of Men mber Of Fork / Operato	x Num	ober of hours per man	x x x service Desk Po	Numbe Numbe Numbe es orde ersonn	r of Day r of Day r of Day Add 3 red bu el at tl	s = Total Straigh s = Total Overtin s = Total Straigh s = Total Overtin 0% if supervised by A.G. Ex t not received. ne event site prior to c m Name: ess	ne Hours x \$77. t Time Hours x ne Hours x \$10 chibitions, INC. Subt ppening: TAAN PAYM (City)	.00/Hr. \$69.00/Hr. 8.00/Hr. (\$25.00 mir otal \$ SFER AMOUNT ENT INFORMAT	= \$ = \$ = \$ 1)= \$ TO LINE C TION PAG
mber Of Men mber Of Fork / Operato mber Of Fork / Operato MSMANTLE mber Of Men mber Of Men mber Of Fork / Operato	x Num	of event on items or the A.G. Exhibitions	x x x service Desk P	Numbe Numbe Numbe es orde	r of Day r of Day r of Day Add 3 red bu el at tl	s = Total Overtim s = Total Straigh s = Total Overtin 0% if supervised by A.G. Ex t not received. ne event site prior to c m Name:	ne Hours x \$77. t Time Hours x ne Hours x \$10 chibitions, INC. Subt ppening: TARN PAYM	.00/Hr. \$69.00/Hr. 8.00/Hr. (\$25.00 mir otal \$ SFER AMOUNT ENT INFORMAT	= \$ = \$ = \$ 1)= \$ TO LINE D
mber Of Men mber Of Fork / Operate mber Of Fork / Operate mber Of Men mber Of Men mber Of Fork / Operate	x Num	ober of hours per man	x x service Desk P	Numbe Numbe Numbe es orde ersonn	r of Day r of Day r of Day Add 3 red bu	s = Total Overtim s = Total Straigh s = Total Overtin 0% if supervised by A.G. Ex t not received. ne event site prior to c	t Time Hours x \$77. t Time Hours x ne Hours x \$10 chibitions, INC. Subt ppening: TRAN: PAYM	.00/Hr. \$69.00/Hr. 8.00/Hr. (\$25.00 mir otal \$ SFER AMOUNT ENT INFORMAT	= \$ = \$ = \$ 1)= \$ TO LINE D
mber Of Men mber Of Fork / Operato mber Of Fork / Operato MISMANTLE mber Of Men mber Of Men mber Of Fork / Operato mber Of Fork / Operato mber Of Fork / Operato	x Num	nber of hours per man ber of hours per man nber of hours per man nber of hours per man of event on items or	x x x service	Numbe Numbe Numbe	r of Day r of Day r of Day Add 3 red bu	s = Total Overtim s = Total Straigh s = Total Overtin 0% if supervised by A.G. Ex t not received.	ne Hours x \$77. t Time Hours x ne Hours x \$10 thibitions, INC. Subt	.00/Hr. \$69.00/Hr. 8.00/Hr. (\$2 5.00 mir	= \$ = \$ = \$ 1)= \$
mber Of Men mber Of Fork / Operate mber Of Fork / Operate mber Of Men mber Of Men mber Of Men mber Of Fork / Operate mber Of Fork / Operate	x Num x Num x Num orsx Num orsx Num	nber of hours per man ber of hours per man ber of hours per man ber of hours per man	x x	Numbe Numbe Numbe	r of Day r of Day r of Day Add 3	s = Total Overtim s = Total Straigh s = Total Overtin 0% if supervised by A.G. Ex	ne Hours x \$77. t Time Hours x ne Hours x \$10 thibitions, INC.	.00/Hr. \$69.00/Hr. 8.00/Hr. (\$25.00 mir	= \$ = \$ = \$
mber Of Men mber Of Fork / Operate mber Of Fork / Operate SESMANTLE mber Of Men mber Of Men mber Of Men mber Of Fork / Operate	x Num x Num x Num prs x Num	nber of hours per man ber of hours per man ber of hours per man	x	Numbe Numbe	r of Day r of Day r of Day	s = Total Overtim rs = Total Straigh rs = Total Overtin	ne Hours x \$77. t Time Hours x ne Hours x \$10	.00/Hr. \$69.00/Hr. 8.00/Hr.	= \$ = \$ = \$
mber Of Men mber Of Fork / Operate mber Of Fork / Operate SESMANTLE mber Of Men mber Of Men mber Of Men mber Of Fork / Operate	x Num x Num x Num prs x Num	nber of hours per man ber of hours per man ber of hours per man	x	Numbe Numbe	r of Day r of Day	s = Total Overtim s = Total Straigh	ne Hours x \$77. t Time Hours x	.00/Hr. \$69.00/Hr.	= \$ = \$
mber Of Men mber Of Fork / Operate mber Of Fork / Operate SISMANTLE mber Of Men	orsx Num x Num	nber of hours per man	x	Numbe	r of Day	s = Total Straigh	t Time Hours x	\$35.00/Hr.	= \$
nber Of Men nber Of Fork / Operato	orsx Num	ioci oriiodis per mari							
nber Of Men nber Of Fork / Operato	orsx Num	iber of floors per filali	_		,				
mber Of Men		nber of hours per man nber of hours per man	x	Numbe	r of Day r of Day	rs = Total Straigh rs = Total Overtin	t Time Hours x ne Hours x \$10	\$69.00/Hr. 8.00/Hr.	, = \$ <u></u> = \$
	x Num	ber of hours per man	^x	Numbe	r of Day	s = Total Overtin	ne Hours x \$77	.00/Hr.	= \$
STALLATION mber Of Men	x Num	ber of hours per man	X	Numbe	r of Dav	s = Total Straight	t Time Hours x	\$35,00/Hr	. = \$
-	m charge one (1) ho	ur per man. Rates ar e as follow:							
						PM weekdays and all hours Satu	eligia (<u>m.</u> 10. meta	holidays will b	ъе
	Rates: Es	timate Labor S	Servi	ces	Cosi	for Advance P	avment	30.550 (30.54)	
bor For Dismantle						4. Est Finishing Time: 5. Comments:	AM / PM	•	
oor For Installation						2. Date Needed: 3. Est. Starting Time:			-
ORDER	NUMBER OF MEN REQUIRED	EST. HRS (1 HR. INCRIMENTS) EACH MAN		START DATE	# OF DAYS	1. Number of forklifts need	led:		
			.			Please indicate if in booth needed for installation of a			
bitor representative.	,					D) 1 11 4 15 1 1	C 116.40		
• •	• ,	•	. •	•		k upon completion of work. All w		•	
	•	•				while every attempt will be mad of first job assignment. It is impor	•		
ing time can be quaranteed		register septemblike versioner at para et al. 2000				itor Personnel While every attempt will be mad		at lator times	thoireta
		AND Suman				5, Comments:			
1	itle					3. Est. Starting Time: 4. Est Finishing Time:			
Labor For Disman						2. Date Needed:			-
	lon	TUCIS INVIN				1. Number of forklifts need	ied:		
ORDER Labor For Installat	NUMBER OF N REQUIRED		ENIS) I			needed for installation of e	extribit (not unio	aunig).	

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