

EXHIBITOR ORDER FORM



TODAYS DATE:

BOOTH INFORMATION:

NAME OF EVENT:	
VENUE	
COMPANY NAME	SET-UP BY (DATE/TIME):
BOOTH #	START DATE/TIME
ONSITE CONTACT NAME	END TIME/DATE
CELL #	

EQUIPMENT

	QTY	PRICE	# DAYS	TOTALS
22" Flat Panel Computer Monitor (no audio input)		120.00		\$ -
32" Flat Panel TV/Monitor w 42" Skirted Cart		300.00		\$ -
42" Flat Panel TV/Monitor w 42" Skirted Cart		400.00		\$ -
50" Flat Panel TV/Monitor w 42" Skirted Cart		500.00		\$ -
72" Tall Flat Panel TV Stand (Top of Screen 72" off the floor)		75.00		\$ -
A FRAME TYPE EASEL		20.00		\$ -
5' or 6' TRIPOD TYPE SCREEN		75.00		\$ -
25' AC EXTENSION CORD		15.00		\$ -
6 OUTLET POWER STRIP		15.00		\$ -
				\$ -

Electrical

Exhibit Booth Power - Maximum 120 Volt 20 Amp Circuit		95.00		\$ -
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Please contact us if you need another Voltage and / or Amperage.

Internet

Wired Internet Connection - One time charge		400.00	1	\$ -
Wireless Internet Connection for up to 4 users - one time charge		250.00	1	\$ -

WiFi - We will email passcode and log-on information.	SUBTOTAL	\$ -
	25% SERVICE CHARGE	\$ -
	6% SALES TAX	\$ -
	GRAND TOTAL	\$ -

NAME ON CARD	
BILLING ADDRESS	
CITY/STATE ZIP	
PHONE NUMBER	
CARD #	
CARD TYPE (AMEX,VISA,MC)	EXPIRATION DATE

FAX OR EMAIL YOUR EXHIBIT ORDERS

FAX: (502) 671-4229 EMAIL: LMD.EXHIBITS@AXXISINC.COM

Prices subject to change. Items cancelled less than 72 hours in advance have been reserved and will be charged.

Guest Parcel Delivery Form (Incoming Shipping Charges)

Date Received

Group Box Inventory Storage / Handling Charge

Name of Group: _____

Attention: _____

Date: _____

Deliver To: _____

Printed Name: _____

Signature: _____

Exhibitor or other Convention – associated/ancillary guest:

- \$5.00 per box, per day
- \$10.00 per box, per day over 50 lbs.
- \$25.00 per display box, poster, large tube or oversized box, per day
- \$35.00 per display case, per day
- \$75.00 per shrink-wrapped pallet, per day (pallets must be self contained & properly sealed)
- \$150.00 per crate, per day over 150 lbs

* Refrigerated items - \$25.00 flat rate*

Method of Payment

Room charge/Room # _____

Master Account _____ (Authorized Signatures Only)

Credit Card Type _____

Credit Card # _____

Expiration Date: _____

Name on Credit Card _____

Signature: _____

Amount Charged: _____

SAMPLE SHIPPING LABEL

*Louisville Marriott Downtown
280 West Jefferson Street
Louisville, KY 40202*

*Attn: (Put your on-site contact name here)
Group Name: (Group or Organization Name Here)
Date of Event: (Date on-site contact will need package)
Deliver at: (Time of Delivery)
Hotel Contact: (Name of your Event Manager)*

****All Incoming Shipments MUST Conform to this Label Specification****