



Key Information\Supervised Labor Checklist

L-2

RETURN TO: GES Exposition Services • 7050 Lindell Road, Las Vegas, NV 89118-4702 • Fax: 866.329.1437 or 702.263.1520 for international exhibitors
Contact us Online: www.ges.com/chat Phone: 800.475.2098 or 702.515.5970 for international exhibitors

All orders are governed by the GES Payment Policy and GES Terms & Conditions of Contract as specified in this Exhibitor Services Manual.

MANDATORY FORM*



March 9 - 10, 2010 | Las Vegas Convention Center | Las Vegas, Nevada

Form Deadline Date:
February 14, 2010

COMPANY NAME _____	EMAIL ADDRESS _____	BOOTH NUMBER _____
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To Be Completed By Exhibitor When Order is Placed

Inbound Freight Information

Method GES Logistics Common Carrier AirFreight Vanline Other _____
Carrier (if known) _____
Contact _____ Phone _____
Number of Crates _____ Shipped By _____ Date _____
Number of Fiber Cases _____ Color _____ Pro Number _____
Target Date _____ Loose Display _____ Crated Display _____
Shipped To: (Check One) Warehouse Showsite

Set-up Information for GES Installation

<input type="checkbox"/> Set-up Drawings/Instructions Attached	<input type="checkbox"/> Rental Carpet Color _____
<input type="checkbox"/> Set-up Drawings With Exhibit	<input type="checkbox"/> Own Carpet Color _____
<input type="checkbox"/> Case/Crate Number _____	<input type="checkbox"/> Padding _____
<input type="checkbox"/> Number of Workers required for set up _____	Approximate Time for set-up _____
<input type="checkbox"/> Forklift Ordered Hrs. _____ Time _____	Special Equipment Required _____
<input type="checkbox"/> Number of Graphics _____ Layout Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description _____
<input type="checkbox"/> Number of Lights _____ Number of Light Boxes _____	Description _____

Did You Order ---

Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical Under Carpet <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical Drawings <input type="checkbox"/> Attached <input type="checkbox"/> Sent to the Official Electrical Contractor	<input type="checkbox"/> With the Exhibit	
Booth Cleaning <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Items _____	
Furniture <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
AV Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Telephone <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	

Tear-down Information for GES Dismantle

<input type="checkbox"/> Tear-down Drawings/Instructions Attached	<input type="checkbox"/> Rental Carpet Color _____
<input type="checkbox"/> Tear-down Drawings With Exhibit	<input type="checkbox"/> Own Carpet Color _____
<input type="checkbox"/> Case/Crate Number _____	<input type="checkbox"/> Padding _____
<input type="checkbox"/> Number of Workers required for set up _____	Approximate Time for tear-down _____
<input type="checkbox"/> Forklift Ordered Hrs. _____ Time _____	Special Equipment Required _____
<input type="checkbox"/> Number of Graphics _____ Layout Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description _____
<input type="checkbox"/> Number of Lights _____ Number of Light Boxes _____	Description _____

Outbound Freight Information

Outbound Freight Charges _____ Consigned To _____
 PrePaid Collect (for non-GES Logistics Shipments only) Address _____
 Bill To _____ City/State/Zip _____
_____ Second Consignee _____
_____ Address _____
 GES Storage _____ City/State/Zip _____
Method GES Logistics Common Carrier AirFreight Vanline Other _____
Carrier (if known) _____
Contact _____ Phone _____
Exhibitor completed and attached GES' Outbound Material Handling Form, attached: Yes No
Exhibitor will pack all product, prepare shipping labels and complete GES' Outbound Material Handling Form, attached: Yes No

Emergency Contact Information / Showsite Contact

Name _____ Title _____
Telephone _____ Cell Phone _____
Other Means of Contacting This Person _____
Contact's Hotel _____ Arrival _____ Departure _____
Purchasing Authorization Yes No

*This Form must be returned to GES for your orders to be processed.

I agree in placing this order that I have accepted GES Payment Policy and GES Terms & Conditions of Contract.

Authorized Signature - Please Sign: X

AUTHORIZED NAME - PLEASE PRINT _____	DATE _____
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NEED ASSISTANCE?

Toll Free: 800.475.2098 Tel: 702.515.5970 www.ges.com/chat

Order directly with GES ONLINE at: www.ges.com

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In-Booth Forklift & Labor Order Form

T-1

RETURN WITH G-2: PAYMENT & CREDIT CARD CHARGE AUTHORIZATION FORM TO:

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Discount Deadline Date:
February 14, 2010

COMPANY NAME	EMAIL ADDRESS	BOOTH NUMBER
SHOWSITE CONTACT	SHOWSITE CONTACT PHONE #	DATE/TIME OF ARRIVAL
		CONTACT'S HOTEL (OPTIONAL)

PLEASE COMPLETE THIS FORM FOR ALL IN-BOOTH FORKLIFT AND LABOR NEEDED. TO DETERMINE IF YOU NEED IN-BOOTH FORKLIFT AND LABOR, PLEASE READ THIS FORM CAREFULLY.

- In-booth forklift and Labor may be required to assemble displays or when uncrating, positioning, and reskidding equipment and machinery.
- A forklift is required for moving equipment and materials weighing 200 pounds or more.
- If you require a forklift, a crew will be assigned consisting of a forklift with an operator.

Important Information & Rates

Starting time can be guaranteed only when labor is requested for the start of the working day at 8:00 AM. All exhibit labor for 8:00 AM starting times will be dispatched to booth space. Confirm labor and forklifts by 2:30 PM the day before date requested. Please have a representative pick up the crew at the labor desk and supervise the work to be done. Upon completion, the Exhibitor's representative will return the crew to the labor desk and approve the work order. Equipment and labor cancelled without a 24 hour notice shall be charged a one (1) hour cancellation fee per worker and forklift. If Exhibitor fails to use the workers and equipment at the time confirmed, a one (1) hour cancellation fee per worker and forklift will apply.

The minimum charge for labor is one (1) hour per worker and equipment. Labor thereafter is charged in half (1/2) hour increments per worker and equipment. Gratuities in any form, including cash, gifts, or labor hours for work not actually performed are prohibited by GES. GES requires the highest standards of integrity from all employees. Please call our confidential Always Honest hotline at 866.225.8230 to report fraudulent or unethical behavior. All rates are subject to change if necessitated by increased labor and material costs.

LABOR RATES ARE AS FOLLOWS:

Forklift w/Operator Per Hour	Discount	Regular	Show Site
5,000#, ST Code: 705200	\$ 156.50	\$ 195.50	\$ 234.75
5,000#, OT Code: 705200	\$ 219.25	\$ 274.00	\$ 329.00
Worker per Hour	Discount	Regular	Show Site
Freight, ST Code: 705030	\$ 89.25	\$ 111.50	\$ 134.00
Freight, OT Code: 705030	\$ 151.75	\$ 189.75	\$ 227.50

*Rates include taxes for equipment used.

- Straight Time:** Monday through Friday from 8:00 AM to 5:00 PM.
Straight time rates are based on a 1 hour lunch break. Management reserves the right to charge overtime rates at 4:30 PM if a 30 minute lunch is taken.
- Overtime:** All other times Monday through Friday. All day Saturday, Sunday & Holidays.
- Discount Rate:** Rate applies to orders placed on or before the above Discount Deadline Date.
- Regular Rate:** Rate applies to orders placed after the above Discount Deadline Date, but before the first day of exhibitor move-in.
- Show Site Rate:** Rate applies to orders placed at show site

Please Indicate Service

Exhibitor Supervised (Do Not Proceed)

Exhibitor will supervise.

- Indicate workers needed for installation **and** dismantling
- GES assumes no liability for loss, damage or bodily injury arising out of the installation and/or dismantling of Exhibitor's property by GES provided union labor. Exhibitor assumes the responsibility and any liability arising therefrom, for the work performed by union labor under Exhibitor's supervision. Exhibitors must stay clear during movement of freight.

GES is responsible for the following type of booth:

- Uncrating Unskidding Positioning
 Leveling Dismantling Recrating
 Reskidding

Place Order Here

SCHEDULE DATE(S)	SCHEDULE START TIME	SCHEDULE END TIME	TOTAL # OF HOURS	TOTAL # OF FORKLIFTS	LABOR RATE	TOTAL
	AM PM	AM PM				
	AM PM	AM PM				
	AM PM	AM PM				
	AM PM	AM PM				

I agree in placing this order that I have accepted GES payment Policy and GES Terms & Conditions of Contract.

Payment Enclosed

\$

Authorized Signature - Please Sign:

Please estimate the number of workers and hours per worker needed for installation and dismantling above. Invoice will be calculated according to actual hours worked, relative to the original estimate and based upon the date received. Additional labor required will be calculated and invoiced at the show site rate.

X

AUTHORIZED NAME - PLEASE PRINT

DATE

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