

General Exposition Services

THE TRADE SHOW SERVICE CONTRACTORS

205 Windsor Road Limerick Business Center
Pottstown, PA 19464

Phone: 610-495-8866 Fax: 610-495-8870

Email: info@generalexposition.com

Skid Accessible Storage Order Form

Advanced Discount Deadline Date: Friday, November 22, 2024

PAX Unplugged
Pennsylvania ConventionCenter
December 6-8, 2024

Shipments to Storage - Shipments should be consigned to your booth. After inventorying the materials, please place your order for delivery of the materials into accessible storage at the General Exposition Services Service Desk. Our representatives will give you special labels that must be placed on the items you want placed into accessible storage. **ONLY** the items marked with these special labels will be placed in accessible storage. **Do not use "Empty" storage labels.**

Notice of Delivery - All remaining materials in accessible storage will be returned to the booth after the close of the show (delivery charges apply).

Notice - You **MUST** have an authorized company representative present at the time of delivery to your booth to inventory the items and sign for receipt of items. Delivery hours may be restricted, check with the representatives at the General Exposition Services Service Desk.

The minimum charge for labor is one (1) hour per worker and equipment. Labor thereafter is charged in half (½) hour increments per worker and equipment. All rates are subject to change if necessary due to increased labor and material costs.

LABOR RATES:

| Forklift with Operator | Discount | Regular |
|------------------------|----------|----------|
| 5,000#, ST | \$148.00 | \$185.00 |
| 5,000#, OT | \$190.00 | \$235.00 |
| Worker per Hour | | |
| Storage, ST | | |
| Storage, OT | | |

Straight Time: Monday through Friday from 8:00 AM to 4:30 PM.

Overtime: 4:30 PM TO 8:00 AM Monday through Friday, all day Saturday, Sunday & Holidays.

Discount Rate: Rate applies to orders placed on or before the Discount Deadline Date.

Regular Rate: Rate applies to orders placed after the Discount Deadline Date.

| Schedule Date(s) | Schedule Start Time | Schedule End Time | Total # of Hours | Total # of Forklifts | Labor Rate | Total |
|------------------|---------------------|-------------------|------------------|----------------------|------------|-------|
| | AM | AM | | | | |
| | PM | PM | | | | |
| | AM | AM | | | | |
| | PM | PM | | | | |
| | AM | AM | | | | |
| | PM | PM | | | | |

Please estimate the number of workers and hours per worker needed for delivery and removal 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.

Please describe your product:

| Description | Price | Quantity | Total |
|----------------------------------|----------|----------|-------|
| Access Storage, Per Pallet/Piece | \$135.00 | | \$ |

I agree in placing this order that I have read and accepted General Exposition Services Terms & Conditions and General Exposition Services Limits & Liabilities set forth in this service kit.

Authorized Signature : _____

Authorized Signature - Please Print _____ Date _____

Exhibiting Company: _____

Booth Number: _____

Please transfer totals to the Payment Authorization form.
