



Order # _____ Per _____ Salesman _____

Exhibitor Name _____
 Convention _____
 Show Dates _____
 Location _____
 city _____
 Booth # _____ Size: _____
 No. of Men _____
 Frt. Target Date _____
 Inst. Date _____ Time: _____
 Dism- Date _____ Time: _____
 Approx. His. to Complete _____
Show Opens: _____ Closes: _____
 Drawings: Enclosed w/Exhibit

Contact Name _____
 Company _____
 Exhibit House _____
 Telephone _ (____) _____
 Fax _ (____) _____
 Pager # _ (____) _____ Pin # _____
 e-mail. _____
 Warehousing: Yes No

Please include copies of all Services Ordered:

- Electric Phone Cleaning
- Furniture Floral

Supervision: ACES Exh. Other
 Name _____

Invoice to: _____

Carpet: w/ Exhibit Rent
 Color: _____

Attn.: _____
 PO # _____

INBOUND FREIGHT

From: _____

OUTBOUND FREIGHT

Ship to: _____

Direct to Hall Drayage
 Carrier: _____ Phone # _____

Carrier: _____
 Prepaid Collect

No. of Crates _____ No. of Cartons _____
 No. of Rugs _____ w/Bags
 Pro # _____ Trlr # _____

HOT SHIPMENT Split Shipment
 Pick-up Date _____ Time _____
 Billing to: _____

Special Requirements: _____
