

HANGING SIGN ORDER FORM

Deadline for discount: 03-03-2015

E Z Expo Services

440 E. BONITA AVE. POMONA CA 91767

Phone: 909-624-1697 Fax: 909-626-6589

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NAME OF SUPERVISION

Company Name				Booth #			
				CENEDALI	NFORMATION		
1. E	EZ must	hang all signs l	No other			om equipment o	on the show floor during
	EZ must hang all signs. No other firm will be allowed to bring high-lift or boom equipment on the show floor during installation or dismantle of the show.						
	All hanging signs must conform to Show Management's rules, regulations, and facility limitations.						
		the exhibitor and/or the approved exhibitor appointed contractor will be required to sign a statement guaranteeing the					
	stress points for hanging the sign properly engineered. However, EZ reserves the right to refuse to hang a sign if, in their opinion, it appears to be unsafe.						
	assemble any hanging sign. However, they may supervise.						
5. A	All signs must have rigging points, with the exceptions of cloth banners.						
	All signs requiring electrical must be in working order and in accordance with the National Electrical Codes.						
7. S	Set-up instructions must be provided for signs needing assembly.						
				Rates for S	Sign Hanging		
					ssorlift		
Straight Time (Weekdays 8:00AM-4:30PM)						\$300.00 per Crew Hour	
				M and weekends)		\$395.00 per Crew Hour	
					norklelift		
	(Sn	orklelift may b	e used if	the Scissorlift do	es not reach the ceiling in	n the specified	facility)
Straight Time (Weekdays 8:00AM-4:30PM)					\$370.00 per Crew Hour		
Overtime (Before 8:00AM and after 4:30PM and weekends)				M and weekends)	\$470.00 per Crew Hour		
Does the	Sign R	equire Assembly	y? YES I	NO			
		No. of Workers	Y	Hour/Workers	= Total Worker Hour	@ Rate	Total
Installatio		ivo. of workers	Λ	TIOUI/ WOIKCIS	Total Worker Hour	w Rate	
Dismantli							\$ \$
2	8				Total of all items ordered		\$
					Add 25% (\$25.00min.) 1		Ψ
					Supervised labor	OI LZ	\$
					Total		\$
					1000		Ψ
				Order To	Hang Signs		
Supervision	on of th	e hanging of you	ır sign ca	in be accomplished	d either by your company	representative,	an approved appointed
					sibility of your company		
					n prior to heavy freight co		
					arehouse address indicated		
& Shippir	ng form	. Clearly mark th	e crate F	HANGING SIGN/	OK TO PROCEED withou	ıt exhibitor sur	pervision. Note: If it is

necessary for your supervision, please indicate your expected arrival time at the facility. Full payment must be received by

the deadline date to guarantee lifts and workers. Final invoicing will be done from the actual hours.

Time

SUBTOTAL HANGING SIGN ORDER FORM (Lift Charge / Up & Down) \$_Yes, I have completed and enclosed along with this order the Payment Policy Form.