



SETUP SERVICE ORDER
 NOVEMBER 5-7, 2021
EXCHANGE CENTER AT EXPO SQUARE
 TULSA, OK



10/10/2021

Email completed forms to: Frank@TulsaHomeShows.com	Or fax them to: 918-742-2260	Questions? Call Frank at 918-605-5480
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1. Exhibitor Contact Information

CONTACT:	TITLE:
COMPANY:	PHONE:
STREET:	CELL:
CITY,ST, ZIP:	FAX:
WEBSITE:	EMAIL:

2. Forklift Services	<i>1-hour increments with a 1-hour minimum</i>	Est. Start	Hours	Hourly Rate	Line Total
Straight Time:	8:00 am to 5:00 pm	Wednesday	November 3rd	_____ X \$95/hr	= _____
Overtime:	5:00 pm to 8:00 pm	Wednesday	November 3rd	_____ X \$145/hr	= _____
Straight Time:	8:00 am to 5:00 pm	Thursday	November 4th	_____ X \$95/hr	= _____
Overtime:	5:00 pm to 8:00 pm	Thursday	November 4th	_____ X \$145/hr	= _____
Overtime:	5:00 pm to 8:00 pm	Sunday	November 7th	_____ X \$145/hr	= _____
Straight Time:	8:00 am to 12:00 pm	Monday	November 8th	_____ X \$95/hr	= _____

Forklift service is scheduled first-come first-served within each time bracket and estimated start time.

3. Overhead Signage Hanging and Retrieval

- Each Exhibitor has the right to have banners hung from the ceiling within the air space directly over their booth.
- Signs & banners to be hung must be fully assembled, in your booth space, by 4pm on Wednesday, November 3rd.
- Signage retrieval will occur and be complete by 10am Monday, November 8th.
- All retrieved signage must be out of the building by 12pm Monday, November 8th.

	Quantity	Each	Line Total
Small Banners: 1st banner up to 8'x10'	_____	X \$185	= _____
Additional banners up to 8'x10'	_____	X \$140	= _____
Large Banners: Banners larger than 8'x10'	_____	X \$275	= _____
Other Banners: Multi-Sided or Geometric	_____	X \$325	= _____
ORDER TOTAL			= _____

4. Payment All setup services must be prepaid. Forklift time beyond original pre-paid amount will process in a second transaction.

Credit/Debit Card Info: 3% convenience fee applies to all card charges. ACH Transfers have no fee. Card Type: VISA M/C DISC AMEX

Name as it appears on card: _____ Exp. Date: ____/____ Security Code: _____

Card No.: _____ Card Billing Zip Code: _____

Bank Account Info to authorize ACH Transfers: Checking ___ Savings ___ Commercial ___ Personal ___

Name on Account: _____ Bank Name: _____

Routing #: _____ Account #: _____ Phone #: _____

5. Acceptance By signing below, Exhibitor listed above agrees to the rates and terms of this order and hereby authorizes all charges arising therefrom.

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 Exhibitor Signature Date