

Expo Temps, Inc.

Convention Services

BOOTH STAFFING ORDER FORM

EVENT	NEOCON - MERCHANDISE MART		
Booth #:			
Company Name:			
Mailing Address:	Street: _____	City: _____	State: _____ Zip: _____
Contact Information:	Print Name: _____	Phone: _____	Fax: _____ Email: _____

SERVICES	Rates per hour*	# of Staff	Dates	Start Time	End Time
Booth Setup/Packing/Shipping	\$30 / \$25 preorder rate**				
Booth Assistant/Runner	\$30 / \$25 preorder rate**				
Sales Associate/Lead Retriever	\$30 / \$25 preorder rate**				
Hostess/Greeter/Server	\$30 / \$25 preorder rate**				
Booth Designer/Decorator	Please request proposal.				
Model/Spokesperson	Please request proposal.				
Clerical Services	Please request proposal.				
Interpreter _____	Please request proposal.				
Other _____	Please request proposal.				

***THERE IS A FOUR (4) HOUR MINIMUM PER PERSON PER DAY.**
****SUBMIT ORDER FIVE (5) DAYS OR MORE PRIOR TO START DATE TO RECEIVE DISCOUNTED PREORDER RATE!**

METHOD OF PAYMENT - MUST ACCOMPANY ORDER		[] AMEX [] VISA [] MASTERCARD
<input type="checkbox"/> CREDIT CARD	Account #: Exp. Date:	_____
Please fax this form to 312-416-7991. For your convenience, we will use this form as authorization to charge your credit card account for your advance order and any additional time incurred on-site. A final invoice will be provided upon request, after the event.	Cardholder's Name:	_____
	Billing Address:	_____
	City, State, Zip:	_____
Advance orders will be charged to the credit card number provided unless check payment accompanies order.	Cardholder's Signature: Date:	_____
<input type="checkbox"/> COMPANY CHECK <i>(must accompany order)</i> Please make checks payable to Expo Temps and mail with order form to address below.*		*PLEASE NOTE: FULL PAYMENT MUST BE SUBMITTED WITH ORDER PRIOR TO START DATE.

EXPO TEMPS, INC.
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 www.ExpoTemp.com

