



Key Information\Supervised Labor Checklist

L-2

RETURN TO: GES Exposition Services • 7050 Lindell Road, Las Vegas, NV 89118-4702 • Fax: 866.329.1437 or 702.263.1520 for international exhibitors
Contact us Online: www.ges.com/chat Phone: 800.475.2098 or 702.515.5970 for international exhibitors

All orders are governed by the GES Payment Policy and GES Terms & Conditions of Contract as specified in this Exhibitor Services Manual.

MANDATORY FORM*

Architectural Digest Home Design Show

Form Deadline Date:
February 23, 2010

Pier 94
March 18 - 21, 2010

COMPANY NAME	EMAIL ADDRESS	BOOTH NUMBER
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To Be Completed By Exhibitor When Order is Placed

Inbound Freight Information

Method GES Logistics Common Carrier AirFreight Vanline Other _____
Carrier (if known) _____
Contact _____ Phone _____
Number of Crates _____ Shipped By _____ Date _____
Number of Fiber Cases _____ Color _____ Pro Number _____
Target Date _____ Loose Display _____ Crated Display _____
Shipped To: (Check One) Warehouse Showsite

Set-up Information for GES Installation

<input type="checkbox"/> Set-up Drawings/Instructions Attached	<input type="checkbox"/> Rental Carpet Color _____
<input type="checkbox"/> Set-up Drawings With Exhibit	<input type="checkbox"/> Own Carpet Color _____
<input type="checkbox"/> Case/Crate Number _____	<input type="checkbox"/> Padding _____
<input type="checkbox"/> Number of Workers required for set up _____	Approximate Time for set-up _____
<input type="checkbox"/> Forklift Ordered Hrs. _____ Time _____	Special Equipment Required _____
<input type="checkbox"/> Number of Graphics _____ Layout Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description _____
<input type="checkbox"/> Number of Lights _____ Number of Light Boxes _____	Description _____

Did You Order ---

Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical Under Carpet <input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Drawings <input type="checkbox"/> Attached <input type="checkbox"/> Sent to the Official Electrical Contractor	<input type="checkbox"/> With the Exhibit
Booth Cleaning <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Items _____
Furniture <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
A/V Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Telephone <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Tear-down Information for GES Dismantle

<input type="checkbox"/> Tear-down Drawings/Instructions Attached	<input type="checkbox"/> Rental Carpet Color _____
<input type="checkbox"/> Tear-down Drawings With Exhibit	<input type="checkbox"/> Own Carpet Color _____
<input type="checkbox"/> Case/Crate Number _____	<input type="checkbox"/> Padding _____
<input type="checkbox"/> Number of Workers required for set up _____	Approximate Time for tear-down _____
<input type="checkbox"/> Forklift Ordered Hrs. _____ Time _____	Special Equipment Required _____
<input type="checkbox"/> Number of Graphics _____ Layout Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description _____
<input type="checkbox"/> Number of Lights _____ Number of Light Boxes _____	Description _____

Outbound Freight Information

Outbound Freight Charges _____
 PrePaid Collect (for non-GES Logistics Shipments only)
 Bill To _____
 GES Storage _____
Method GES Logistics Common Carrier AirFreight
Carrier (if known) _____
Contact _____ Phone _____
Exhibitor completed and attached GES' Outbound Material Handling Form, attached: Yes No
Exhibitor will pack all product, prepare shipping labels and complete GES' Outbound Material Handling Form, attached: Yes No

Consigned To _____	Address _____
City/State/Zip _____	Second Consignee _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
<input type="checkbox"/> Vanline	<input type="checkbox"/> Other _____

Emergency Contact Information / Showsite Contact

Name _____ Title _____
Telephone _____ Cell Phone _____
Other Means of Contacting This Person _____
Contact's Hotel _____ Arrival _____ Departure _____
Purchasing Authorization Yes No

*This Form must be returned to GES for your orders to be processed.

I agree in placing this order that I have accepted GES Payment Policy and GES Terms & Conditions of Contract.

Authorized Signature - Please Sign: X

AUTHORIZED NAME - PLEASE PRINT	DATE
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NEED ASSISTANCE?

Toll Free: 800.475.2098 Tel: 702.515.5970 www.ges.com/chat