Booth Cleaning Order Form

Please mail or fax Completed Form to: SMG Exposition Services
355 Plaza Drive, Secaucus, NJ 07094
FAX: (201) 330-1586 • PHONE (201) 330-8227

Show Name: **NEW YORK/NEW JERSEY FRANCHISE EXPO**
Show Dates: **SATURDAY & SUNDAY, MARCH 5 & 6, 2011**
Show Location: **MEADOWLANDS EXPOSITION CENTER**
Deadline Date to Receive Discounted Rates: **FEBRUARY 18, 2011**

Full payment, including sales tax, must be received by the deadline date. ***Orders received after the deadline date will be assessed at the Onsite Price. Orders received without payment will not be processed.***

Note: Changes or cancellations of orders 5 days prior to the show move-in, or later, will be assessed a 50% pick-up charge.

SHOW MANAGEMENT PROVIDES SWEEPING OF AISLES ONLY. You must order all cleaning that you require within your exhibit space. Individual cleaning of your booth may be ordered by checking the services desired.

CHARGES ARE BASED UPON GROSS EXHIBIT BOOTH AREA. The rates quoted are for performing the service one time only. Please indicate whether you require the service one time or daily during the show.

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VACUUMING BOOTH CARPET

	Advanced Price	*Onsite Price*	
Under 500 sq. ft.	$0.40/sq/ ft.	$0.45/sq. ft.	(see below)
Over 500 sq. ft.	$0.35/sq. ft.	$0.40/sq. ft.	(see below)

Number of days required: _____ Once _____ Daily

Booth Size*: ____ **ft. x** ____ **ft. = sq. ft. @ $** _____ **ft. = $** _____ **/day x** _____ **days = $** _____ **Total**

*gross exhibit area.

PORTER SERVICE

Monday-Friday 8:00 A.M. - 4:30 P.M.	$41.20/hr. (one hour minimum)
Monday-Friday after 4:30 P.M.	$49.50/hr. (one hour minimum)
Saturdays, Sundays and Holidays	$55.65/hr. (one hour minimum)

Number of days required ____ x number of hours _____ x $41.20/hr. = **$** _____ **(sub) total** = $ _____

Number of days required ____ x number of hours _____ x $49.50/hr. = **$** _____ **(sub) total** = $ _____

Number of days required ____ x number of hours _____ x $55.65/hr. = **$** _____ **(sub) total** = $ _____

Special Instructions:

Date(s): _____ Time(s): _____ _____ _____

Please Print or Type

Company Name _____ Booth # _____

Phone # (_____) _____ Fax # (_____) _____

To Eliminate any misunderstanding regarding charges for show rentals, services and/or material handling, it is the responsibility of the Exhibitor to report discrepancies at show site.

NO ADJUSTMENTS WILL BE MADE AFTER SHOW CLOSING

Summary of Services

Vacuuming = $ _____
Mopping = $ _____
Porter Service = $ _____

Total = $ _____

Please enter total on Order Summary Form.

Payment and Order Summary Form

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NO company or personal checks will be accepted on site.

Summary of Services and Rental Items Ordered

Material Handling Information/Rate (**credit card on file is required**)	$ _____
Labor Order Form	$ _____
Carpet Rental Order Form	$ _____
Furniture/Accessories Rental Order Form	$ _____
Booth Cleaning Order Form	$ _____
Sign Order Form	$ _____
Select Carpet Order Form	$ _____
Sub-Total	$ _____
(If Tax Exempt Please Include Certificate) **Sales Tax 7%**	$ _____
Total	$ _____

Charge Authorization:

Exhibitors paying by credit card must complete the Charge Authorization below. The Charge Authorization will also include charges for labor and/or material handling, and will authorize your representative at show site to charge additional rental items and services to your card. ***On site orders payable by credit card ONLY!***

Exhibitors with DRAYAGE *MUST* complete the Charge Authorization for freight to be accepted.

Charge To: *(circle card type)* MasterCard Visa American Express V CODE | | | | |

Account Number: | | | | | | | | | | | | | | | | |

Expiration Date: _____

Print Cardholder Name _____ Signature of Cardholder _____

Please Print or Type

Company Name_____ Booth # _____

Address _____

City _____ State _____ Zip_____

Ordered By _____ Title_____

Signature _____ Phone # (_____) _____

Fax # (_____) _____ Email_____

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