EXHIBIT INSTALLATION & DISMANTLE ORDER FORM

Expo Name: NFBO Date: May 18 & 19, 2013 City: Dallas, TX

RETURN TO: Spirit Exposition Services, LLC 22955 Antique Ln New Caney Tx. 77357 Fax to: 281-399-8625

COMPANY BOOTH NUMBER

ADDRESS STREET CITY STATE ZIP COUNTY

PHONE FAX PURCHASE ORDER NUMBER

AUTHORIZED CONTACT SIGNATURE AUTHORIZED CONTACT-PLEASE PRINT DATE

SUPERVISION SERVICES

_____ **Spirit Supervised** (Proceed)
Spirit will supervise labor to:
Unpack and install display before exhibitor arrival at show site
Dismantle, pack and arrange to ship display after show closing

_____ **Exhibitor Supervised** (Do Not Proceed)
Exhibitor will supervise:
Installation
Exhibitor will need workers on (date)_____at (time)_____a.m. p.m. for (hours) _____

Dismantle
Exhibitor will need workers on (date)_____at (time)_____a.m. p.m. for (hours) _____

Please check in at Spirit Service Center one half (1/2) hour before scheduled time. Labor canceled with out twenty-four (24) hour notice shall be charged a one (1) hour cancellation fee per worker. If exhibitor fails to use the workers at the time confirmed, a one hour (1) No-Show charge per worker will apply.

DISPLAY LABOR RATES : $45.00 per hour per man

The minimum charge for labor is one (1) hour per worker. Labor thereafter is charged in one-half (1/2) hour increments. All rates are subject to change if necessitated by increased labor costs.

Estimate the number of workers and hours per worker needed below. Invoices will be calculated according to actual hours worked.

	No. of Workers x Hours / Worker = Total Worker Hours			@ Rate	Total
Installation	_____	_____	_____	_____	_____
Dismantle	_____	_____	_____	_____	_____

Total _____

PAYMENT AND CREDIT CHARGE AUTHORIZATION

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E-Mail Address _____

Orders are governed by the Spirit payment policy & the limits of liability & responsibility

Credit Card Charge Authorization

___MasterCard ___ Visa ___American Express ___Corporate + ___Personal

Account Number_____ Expiration Date_____

CARDHOLDER S'BILLING ADDRESS IF DIFFERENT FROM ABOVE CITY STATE ZIP

CARDHOLDER S' SIGNATURE CARDHOLDER S' NAME - PRINT

Calculation Of Orders

	TOTAL FROM EACH FORM
FURNITURE & ACCESSORIES	_____
SPECIALTY FURNITURE	_____
CARPET	_____
SIGNS	_____
CLEANING	_____
LABOR	_____
FREIGHT HANDLING	_____
OTHER SPIRIT SERVICES	_____
SUB TOTAL	_____
PROCESSING FEE	**$5.00**
TOTAL	_____

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Payment may be made by check drawn in U.S. funds on a U.S. bank
Check no. _____ Dated _____In the amount of_____

Cancellation Policy: Items cancelled will be charged at 50% of original price after move-in begins and 100% of original price after installation.