



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: **THE NY/NJ FRANCHISE OPPORTUNITIES EXPO**

Show Dates: **SATURDAY AND SUNDAY, NOVEMBER 15-16, 2014**

Show Location: **MEADOWLANDS EXPOSITION CENTER**

Deadline Date to Receive Discounted Rates: **NOVEMBER 7, 2014**

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.

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

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.**