



## SELF-STANDING DISPLAY/GRID WALL PANELS

Include the WI Expo Payment  
Authorization form with your order  
due: March 3, 2014

QUANTITY	DISPLAY PANEL TYPE	ADVANCE ORDER ONLY	TOTAL
	4'x 8' SELF STANDING VELCRO PANEL (grey) <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	\$125.00 each	
	4'x 8' SELF STANDING TACKBOARD PANEL (grey) <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	\$125.00 each	
	4'x 8' SELF STANDING PEGBOARD (GREY ¼" HOLES) <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	\$125.00 each	
	1 METER SELF STANDING VELCRO PANEL (black) <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	\$125.00 each	
	½ METER SELF STANDING VELCRO PANEL (BLACK) <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	\$70.00 each	
	2'x 6' VERTICAL WIRE GRID-WALL PANELS (BLACK)	\$30.00 each	
	FLAT SHELVES (WHITE) (used w/vertical 1 meter velcro panels)	\$26.00 each	
	ANGLE SHELVES (WHITE) (used w/vertical 1 meter velcro panels)	\$30.00 each	
	DISPLAY LIGHTS (need to order electrical service)	\$25.00 each	

**Subtotal**   \$ \_\_\_\_\_

**Sales Tax 5.6%**   \$ \_\_\_\_\_

**Total**   \$ \_\_\_\_\_

**Franchise & Business Opportunities Expo – March 15-16, 2014**

Company Name: \_\_\_\_\_ Booth #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Ordered By: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Franchise & Business Opportunities Expo**  
**March 15-16, 2014**  
**Exposition Center at WI State Fair Park – Milwaukee, WI**



Dear Exhibitor,

To guarantee the services you desire, please fax your order along with the completed credit card authorization form below. We accept checks (payable to Wisconsin Expo, Inc.) or credit cards for payments. To keep expenses manageable, for all parties concerned, we prefer payment by company check. Please indicate your intentions below:

**Yes**, we will be mailing a check, along with order(s), to arrive on or before **March 3, 2014**.  
Please do not process the credit card information listed below.

**No**, we prefer to pay for the indicated services with the credit card information provided.

### **CREDIT CARD AUTHORIZATION**

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Company Name: \_\_\_\_\_ Booth #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

American Express     MasterCard     Visa

Card Number: \_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_

Expiration Date: \_ \_ / \_ \_    Card Security Code: \_ \_ \_

Cardholder's Address (if different than above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Name (print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**N113 W18750 Carnegie Drive | Germantown, WI 53022**  
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