Exhibitor/Display House Supervised

Supervisor Name & Cell #

HEAD OFFICE:
P.O. Box 2329
Saint John, NB E2L 3V6
Tel. 506-658-0506 Fax. 506-658-0509

E-mail: info@globalconvention.ca

ORDERING DEADLINE:

October 10, 2023

EVENT NAME	Мо	Moncton Franchise Expo			D	ATES		October 1	14-15, 2023		
Exhibiting Company:					Booth #						
Contact Name:			D (1, O'								
Phone #: Email:											
EMERGENCY CONTACT NAME & CELL NUMBER:											
IMPORTANT INFORMATION											
* BOOTH DRAWINGS AND INSTRUCTIONS MUST ACCOMPANY THIS LABOUR REQUEST.											
* Minimum 4 hour call out, per man, on labor and stand-by.											
* Global supervised rate is 25% of total labor. Please note that Display Company/Exhibitor supervisor											
must be a <u>qualified</u> supervisor with general knowledge of display and all its components.  * Supervised labor <u>must check in</u> at service desk.											
* Start time guaranteed only at start of working day.											
* Global supervised jobs will be completed at our discretion prior to show opening.											
DISPLAY BOOTH INFORMATION											
Type of System Size											
Special tools required for installation? Please specify in detail:											
· · · · <u></u>											
POWER: Included in Booth Pkg Ordered by Exhibitor Ordered by Display House Not Applicable											
CARPET: Hall Carpeted Included in Booth Pig Ordered by With Display											
FREIGHT- Installation: Global advance warehouse "***Direct to Show Site' Carrier:											
Expected number of pieces & weight:											
FREIGHT- Dismantle Return to advance warehouse Direct From Show Site Carrier:											
ESTIMATED INSTALLATION REQUIREMENTS											
Date(s) Required	Start Time	Completion	# of Men x	# of Ho		Total Hours	_	Hourly Rate	Estimated Cost		
Date(3) Nequired	Glait Tille	Tille			ian	110013		_	Estimated Cost		
			х	<del>                                     </del>			X	\$62.00			
			х	<u> </u>			X	\$62.00			
Global Supervised								SUB-TOTAL			

			<b>ESTIMATED</b>	DISMAN'	Ш	E REQ	UIRE	MENTS			
			Completion			# of F	lours	Total			
Date(s) Required	Start Time		Time	# of Men	Х	<u>Per</u> Man		Hours	х	<b>Hourly Rate</b>	Estimated Cost
					x				x	\$62.00	
					X				x	\$62.00	
Global Supervised							SUB-TOTAL				
Exhibitor/Display House Supervised							Add 25% Global Site Supervisor				
Supervisor Name & Cell #						ESTIMATED DISMANTLE					

SUMMARY OF DISPLAY INSTALLATION & DISMANTLE

\$
Carry this total to Method of Payment form

Add 25% Global Site Supervisor ESTIMATED INSTALLATION