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ORDERING DEADLINE: February 23, 2024

EVENT NAME The National Franchise Show **DATES** March 2-3, 2024

Exhibiting Company: _____ **Booth #** _____

Contact Name: _____ **Booth Size** _____

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 qualified supervisor with general knowledge of display and all its components.*
- * **Supervised labor must check in 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 _____ **System Size** _____

Special tools required for installation? _____ **Please specify in detail:** _____

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 Time	# of Men	x	# of Hours Per Man	Total Hours	x	Hourly Rate	Estimated Cost
				x			x	\$90.00	
				x			x	\$90.00	

Global Supervised SUB-TOTAL

Exhibitor/Display House Supervised Add 25% Global Site Supervisor

Supervisor Name & Cell # _____ **ESTIMATED INSTALLATION**

ESTIMATED DISMANTLE REQUIREMENTS

Date(s) Required	Start Time	Completion Time	# of Men	x	# of Hours Per Man	Total Hours	x	Hourly Rate	Estimated Cost
				x			x	\$90.00	
				x			x	\$90.00	

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

DISPLAY INSTALLATION & DISMANTLE