Booth Cleaning Order Form

Please mail Completed Form to: SMG Exposition Services
355 Plaza Drive, Secaucus, NJ 07094
PHONE (201) 330-8227
Email: Exhibitorservices@mecexpo.com

Show Name: **FRANCHISE EXPO NY/NJA**
Show Dates: **SATURDAY & SUNDAY, JANUARY 23-24, 2027**
Show Location: **MEADOWLANDS EXPOSITION CENTER**
Deadline Date to Receive Discounted Rates: **JANUARY 15, 2027**

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.