

Exhibiting Company Name:

500 Interstate W. Pkwy Lithia Springs, GA 30122 Ph: 678-398-2650 Fax: 770-745-4267

email: aphillips@mc-2.com

## FORKLIFT & LABOR ORDER FORM

Booth#:

<u>Payment Policy:</u> Full estimated payment must be received prior to show move-in to guarantee forklift & workers. Please use the formula above to calculate your advance payment. Final invoicing will be done from the actual hours worked.

po	g company manner				
Billing Address:			Fax#:		
City/State/Zip:			Authorized	d By:	
Show Name: CCA GLOBAL 2	D26 WINTER C	ONVENTION			
Labor & Equipme Exhibitors requiring need to estimate th	nt Rates forklifts to assen eir needs below. I be assigned co	nble displays or when uncra A forklift is required for mo onsisting of a forklift with	ving equipment or mate	erials weighing 200lbs or m	ore. If you require a
HOURLY	RATES	Weekdays and All Day		Forklift/Operator	Additional Labor
Straight Time		8:00am to 4:30pm Weekdays		\$249.00	\$149.00
Overtime		4:30pm to 12:00am M-F & 6:00am - 12:00am Sat. & Sun.		\$324.00	\$224.00
forklifts by 2:30pm	the day before da	Starting times can be guar ate requested. Please have the exhibitors representativ	a representative pick u	p the crew at the Service of	desk and supervise the
		Date	Time (AM) (PM)	No. of Forklift Crews	No. of Extra Workers
=	nstallation *				
☐ Dismaı	itle	*Allow time for return of e	mpty containers		
Describe work to b	e done:				
	Number of Crev	vs and/or Workers Neede	d v Hours Par Worker:	= TOTAL ESTIMATED HO	DURS