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DISPLAY INSTALLATION AND DISMANTLE ORDER FORM

<u>Payment Policy:</u> 100% advance payment must accompany your order. All invoices must be settled at our service desk prior to close of show. We accept VISA, Mastercard and American Express. Please return this form with your check or credit card information to MC² at the above address.

| Exhibiting Company Name: | | Telephone#: | Booth#: |
|---|--|---|--|
| Billing Address: | | Fax#: | |
| City/State/Zip: | | Authorized By:(Please P | rint) |
| Show Name: CCA GLOBAL 2026 WINTER | CONVENTION | <u> </u> | |
| THE MC2 CHECK/CREI | DIT CARD AUTHORIZATION MUS | | ORE THIS ORDER CAN BE |
| STRAIGHT TIME: Monday-F OVERTIME: 4:30pm - | Friday 8:00am - 4:30pm 12:00am M-F & 8:00am - 12:00am | ı Sat. & Sun. | **RATES \$149.00 \$224.00 |
| for one hour per man will apply and tin | n those instances where men are requeste ne will commence in accordance with the ea ed unless 48 hours advance notice is provide | xhibitor's request. Failure to cal | • |
| | Do not order between hours 12pm | -1pm (scheduled lunch) | |
| Plan A: Exhibitor's Supe | ervision: | | |
| representative check in at the service | DER THE SUPERVISION OF THE EXI desk to pick up men ordered. Also, it is ma ls to use the workers at the time confirmed. | andatory for the representative t | to check men out at the service desk upo |
| MAY P | n: (Does not include packin MPLETE THE INFORMATION RE ROVIDE YOU WITH THE BEST P DER THE DISCRETION OF MC ² . Our | QUESTED ON THE NEX OSSIBLE SERVICE. TH | ANK YOU! |
| | the expense and productive time of your o | | e is 50% of your total labor bill |
| NO. OF WORKERS | DATE | TIME | APPROX. HOURS |
| INSTALLATION | | | |
| DISMANTLE | | | |
| | ESTIMATE OF WORK | ERS REQUIRED | |

PLEASE ESTIMATE THE NUMBER OF WORKERS AND HOURS PER WORKER NEEDED BELOW.
INVOICES WILL BE CALCULATED ACCORDING TO <u>ACTUAL HOURS WORKED.</u>

| SERVICE | NUMBER OF WORKERS | X | HOURS PER WORKER | X | TOTAL WORKER @ | RATE = | TOTAL |
|---|---|---|---------------------|---|----------------|--------|-------|
| INSTALLATION | | | | | | | |
| | ADD 30% (\$40.00 MINIMUM) FOR MC ² SUPERVISION | | | | | | |
| DISMANTLE | | | | | | | |
| ADD 30% (\$40.00 MINIMUM) FOR MC ² SUPERVISION | | | | | | | |
| TOTAL SERVICES ORDERED | | | | | | \$ | |

INBOUND FREIGHT INFORMATION CARRIER SHIP BY DATE **NUMBER OF PIECES** WEIGHT PRO NUMBER TARGET DATE LOOSE DISPLAY CRATED DISPLAY **SET UP INFORMATION FOR MC² INSTALLATION** Set Up Drawings with Exhibit - Case/Crate Number ☐ Set Up Drawings Attached Rental Carpet Color Padding **Approximate Setup Time** Number of Workers Required Special Equipment Required ☐ Forklift Ordered/Hours/Time **DID YOU ORDER** Electrical Electrical Under Carpet Yes ☐ Yes ☐ No ☐ No Electrical Drawing: Sent to the Official Electrical Contractor With the Exhibit Attached Yes **Booth Cleaning** Furniture ☐ No A/V Equipment Yes No ☐ Yes ☐ No Other □ No **OUTBOUND FREIGHT INFORMATION** Charges: Prepaid ☐ Bill To: ☐ Collect Consigned To Address City State Zip Second Consignee City State Zip Method: ☐ Air Freight ☐ Vanline ☐ Other ☐ Common Carrier Carrier (If Known) Contact Phone **EMERGENCY CONTACT INFORMATION** Name Title Telephone Other Means of Contact Contact's Hotel Arrival Purchasing Authorization Departure