

**SERVICE** 

INSTALLATION

DISMANTLE

X

**WORKER** 

**WORKERS** 

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

email: aphillips@mc-2.com

## **DISPLAY INSTALLATION AND DISMANTLE ORDER FORM**

**TOTAL** 

**RATE** 

TOTAL SERVICES ORDERED \$

**HOURS** 

ADD 30% (\$40.00 MINIMUM) FOR MC<sup>2</sup> SUPERVISION

ADD 30% (\$40.00 MINIMUM) FOR MC2 SUPERVISION

Payment Policy: 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 MC<sup>2</sup> at the above address.

Exhibiting Company Name:				Telephone#:		Booth#:	
Billing Address:				Fax#:	Fax#:		
City/State/Zip: Show Name: ENERGY EXCHANGE 2024				Authorized By:(Please Print)			
THE MC2 CH	IECK/CRE	DIT CARD	AUTHORIZATION MU PROCE	JST BE FILLED OUT BEFO		DER CAN BE	
STRAIGHT TIME: OVERTIME:	RAIGHT TIME: Monday-Friday 8:00am - 4:30pm /ERTIME: 4:30pm - 8:00am Monday - Saturday			<u>RATES</u> \$141.00 \$210.00			
DOUBLETIME:	OUBLETIME: All day Sunday and Holidays				\$281.00		
representative check in completion of work. If the property of	ORMED UN at the service ne exhibitor fa  Supervisio LEASE CO MAY F ORMED UN	ervision: DER THE S desk to pick to desk to use the desk to us	UPERVISION OF THE E up men ordered. Also, it is workers at the time confirme  (Does not include pack THE INFORMATION F OU WITH THE BEST	REQUESTED ON THE NEX POSSIBLE SERVICE. TH ur charge for this additional service	o check men out e per worker will a T PAGE SO N ANK YOU!	at the service desk upon apply.	
NO. OF WORKERS	3		DATE	TIME	APPR	OX. HOURS	
INSTALLATION							
DISMANTLE							
				KERS REQUIRED  KERS AND HOURS PER WOI  CORDING TO ACTUAL HOUR		BELOW.	
OFD///OF	NUMB	ER OF	, HOURS PER	v TOTAL WORKER	DATE	TOTAL	