



500 Interstate W. Pkwy
 Lithia Springs, GA 30122
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DISPLAY INSTALLATION AND DISMANTLE ORDER FORM

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 MC² at the above address.

Exhibiting Company Name:	Telephone#:	Booth#:
Billing Address:	Fax#:	
City/State/Zip:	Authorized By:(Please Print)	
Show Name: GAPT 2026		

THE MC2 CHECK/CREDIT CARD AUTHORIZATION MUST BE FILLED OUT BEFORE THIS ORDER CAN BE PROCESSED

STRAIGHT TIME: Monday-Friday 8:00am - 5:00pm
OVERTIME: Before 8:00am and after 5:00pm Monday - Friday
All day Saturday, Sunday and Holidays

RATES
\$122.00
\$183.00

Starting time can be guaranteed only in those instances where men are requested for the start of the workday, which is at 8:00am. The minimum charge for one hour per man will apply and time will commence in accordance with the exhibitor's request. Failure to call for labor at the requested time will result in a one hour charge per man requested unless 48 hours advance notice is provided.

Do not order between hours 12pm-1pm (scheduled lunch)

Plan A: Exhibitor's Supervision:

ALL WORK IS PERFORMED UNDER THE SUPERVISION OF THE EXHIBITOR REPRESENTATIVE. It is mandatory that the exhibitor's representative check in at the service desk to pick up men ordered. Also, it is mandatory for the representative to check men out at the service desk upon completion of work. If the exhibitor fails to use the workers at the time confirmed, a one hour "No Show" charge per worker will apply.

Plan B: MC² Supervision: (Does not include packing of product)

PLEASE COMPLETE THE INFORMATION REQUESTED ON THE NEXT PAGE SO WE MAY PROVIDE YOU WITH THE BEST POSSIBLE SERVICE. THANK YOU!

ALL WORK IS PERFORMED UNDER THE DISCRETION OF MC². Our charge for this additional service is 30% of your total labor bill (\$40.00 minimum). This service saves the expense and productive time of your own personnel.

NO. OF WORKERS	DATE	TIME	APPROX. HOURS
INSTALLATION			
DISMANTLE			

ESTIMATE OF WORKERS REQUIRED

PLEASE ESTIMATE THE NUMBER OF WORKERS AND HOURS PER WORKER NEEDED BELOW.

INVOICES WILL BE CALCULATED ACCORDING TO ACTUAL HOURS WORKED.

SERVICE	NUMBER OF WORKERS	X	HOURS PER WORKER	X	TOTAL WORKER HOURS	@	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

<input type="checkbox"/> Set Up Drawings Attached	<input type="checkbox"/> Set Up Drawings with Exhibit - Case/Crate Number	
<input type="checkbox"/> Rental Carpet Color	<input type="checkbox"/> Padding	
Approximate Setup Time	Number of Workers Required	
<input type="checkbox"/> Forklift Ordered/Hours/Time	Special Equipment Required	

DID YOU ORDER

Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical Under Carpet <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical Drawing: <input type="checkbox"/> Attached	<input type="checkbox"/> Sent to the Official Electrical Contractor	<input type="checkbox"/> With the Exhibit
Booth Cleaning <input type="checkbox"/> Yes <input type="checkbox"/> No	Furniture <input type="checkbox"/> Yes <input type="checkbox"/> No	A/V Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone <input type="checkbox"/> Yes <input type="checkbox"/> No	Other	

OUTBOUND FREIGHT INFORMATION

Charges: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Bill To:		
Consigned To		
Address		
City	State	Zip
Second Consignee		
City	State	Zip
Method: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Air Freight <input type="checkbox"/> Vanline <input type="checkbox"/> Other		<input type="checkbox"/> MC ² Storage
Carrier (If Known)	Contact	Phone

EMERGENCY CONTACT INFORMATION

Name	Title	Telephone
Other Means of Contact		Contact's Hotel
Arrival	Departure	Purchasing Authorization