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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	y Name:	Telephone#:	Booth#:
Billing Address:		Fax#:	
City/State/Zip:		Authorized By:(Please Print))
Show Name: GMEA 2026			
THE MC2 C	HECK/CREDIT CARD AUTHOR	RIZATION MUST BE FILLED OUT BEFOR PROCESSED	RE THIS ORDER CAN BE
OVERTIME: Starting time can be gua one hour per man will approximately		pm Monday - Friday I Holidays nen are requested for the start of the workday, which nee with the exhibitor's request. Failure to call for lab	
	Do not order between	een hours 12pm-1pm (scheduled lunch)	
Plan A: Exhib	oitor's Supervision:		
representative check in	at the service desk to pick up men order	ON OF THE EXHIBITOR REPRESENTATIVE. It does not be to charge the confirmed, a one hour "No Show" charge per	eck men out at the service desk upon
ALL WORK IS PERF	PLEASE COMPLETE THE INFO MAY PROVIDE YOU WITH ORMED UNDER THE DISCRETION	include packing of product) PRMATION REQUESTED ON THE NEXT IN THE BEST POSSIBLE SERVICE. THAN NOF MC2. Our charge for this additional service is a	NK YOU!
(\$40.00minimum). This	service saves the expense and producti	ve time of your own personnel.	
NO. OF WORKERS	S DATE	TIME	APPROX. HOURS
	I		
INSTALLATION DISMANTLE			

ESTIMATE OF WORKERS 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	Х	HOURS PER WORKER	Х	TOTAL WORKER @	RATE	=	TOTAL
INSTALLATION								
	·		A	DD 3	0% (\$40.00 MINIMUM) FOR	MC ² SUPER	RVISION	
DISMANTLE								
ADD 30% (\$40.00 MINIMUM) FOR MC ² SUPERVISIO						RVISION		
TOTAL SERVICES ORDERI					DERED	\$		

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