

F R E E M A N

9900 Business Parkway
 Lanham, MD 20706
 Ph: 301-918-7900 • Fax: 301-459-0611
 FreemanWashingtonES@freemanco.com

**DISCOUNT PRICE
 DEADLINE DATE
 SEPTEMBER 07, 2007**

**INCLUDE THIS FORM
 WITH YOUR ORDER**

NAME OF SHOW: **2007 AIR & SPACE CONFERENCE & TECHNOLOGY EXPO / SEPTEMBER 24-26, 2007**

COMPANY NAME: _____ BOOTH#: _____

ADDRESS: _____ BOOTH SIZE _____ X _____

CITY/STATE/ZIP: _____ CUSTOMER # _____

PHONE #: _____ EXT.: _____ FAX #: _____

SIGNATURE: _____ PRINT NAME: _____

CONTACT'S E-MAIL _____

E-MAIL FOR INVOICE _____ CHECK IF YOU ARE A NEW FREEMAN CUSTOMER

Invoices will be sent by e-mail. Please provide the e-mail address of the person who reconciles your invoices if different than contact's email.

METHOD OF PAYMENT

YOUR SIGNATURE BELOW DENOTES ACCEPTANCE OF ALL TERMS AND CONDITIONS INCLUDED IN YOUR SERVICE MANUAL.

COMPANY CHECK

Please make check payable to: Freeman. Checks must be in U.S. funds drawn on a U.S. or Canadian bank. ("US. FUNDS" MUST BE PRE-PRINTED on Canadian checks.)

Please reference (185174) on your remittance.

CREDIT CARD

For your convenience, we will use this authorization to charge your credit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative. These charges may include all Freeman companies, or any charges which Freeman may be obligated to pay on behalf of Exhibitor, including without limitation, any shipping charges. Please complete the information requested below:

AMERICAN EXPRESS DISCOVER MASTERCARD VISA DINERS CLUB

Account No.: _____ Exp. Date: _____

Cardholder Name (Print): _____ Signature: _____

Cardholder Billing Address: _____

City/State/Zip: _____

ENTER TOTALS HERE

FURNISHINGS & ACCESSORIES	CARPET	CLEANING/ SHAMPOOING	PORTER SERVICE	RENTAL EXHIBITS & ACCESSORIES	INSTALLATION LABOR	DISMANTLE LABOR	MATERIAL HANDLING
RIGGING INSTALLATION	RIGGING DISMANTLE	HANGING SIGNS	SIGNS	EXHIBIT TRANSPORTATION			GRAND TOTAL

- Remember to order in advance to save time and money. You may place your order by phone, fax, mail, or use our online ordering service at: www.myfreemanonline.com.
- Orders received without payment or after the discount price deadline date will be charged at the standard price.
- Copies of invoices may be picked up from the Service Desk prior to show closing.
- If you have questions or need assistance with any items not listed, please call and ask for your Exhibitor Services Representative.

TELL US WHAT YOU THINK!

Freeman is committed to providing great customer service. To help us serve you more effectively in the future, please visit the URL address below upon the completion of your show to provide feedback. Your input will provide the insight needed to ensure that our customer service is in line with your expectations.

<http://totalshow.custominsight.com/?185174>

FREEMAN method of payment

F R E E M A N

9900 Business Parkway
Lanham, MD 20706
(301) 918-7900 Fax: (301) 459-0611
FreemanWashingtonES@freemanco.com

2007 AIR & SPACE CONFERENCE & TECHNOLOGY EXPO / SEPTEMBER 24-26, 2007

In order to authorize Freeman to invoice a third party for payment of services rendered to exhibitors, both the exhibiting company and the third party must complete this form and return it at least 14 days prior to show move-in.

EXHIBITING COMPANY AUTHORIZATION OF THIRD PARTY BILLING

"We understand and agree that we, the exhibiting company, are ultimately responsible for payment of charges and agree to be bound by all terms and conditions as described in the Terms & Conditions section of this service manual. In the event that the named third party does not discharge payment of the invoice prior to the last day of the show, charges will revert back to the exhibiting company. All invoices are due and payable upon receipt, by either party. The items checked below are to be invoiced to the third party."

YOUR SIGNATURE BELOW DENOTES ACCEPTANCE OF ALL FREEMAN TERMS AND CONDITIONS INCLUDED IN YOUR SERVICE KIT.

EXHIBITOR NAME: (PLEASE PRINT) _____

EXHIBITOR SIGNATURE: _____

DATE: _____

EXHIBITING COMPANY INFORMATION

EXHIBITING COMPANY NAME: _____

BOOTH #: _____

EXHIBITING COMPANY ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EXT. _____

FAX: _____

CONTACT'S E-MAIL: _____

Indicate which services are to be invoiced to the Third Party:

- | | |
|---|---|
| <input type="checkbox"/> ALL FREEMAN SERVICES | <input type="checkbox"/> FREEMAN EXHIBIT TRANSPORTATION |
| <input type="checkbox"/> I&D LABOR/SUPERVISION | <input type="checkbox"/> RENTAL FURNITURE/CARPET/SIGNS |
| <input type="checkbox"/> MATERIAL HANDLING/IN & OUT | <input type="checkbox"/> BOOTH CLEANING |
| | <input type="checkbox"/> OTHER _____ |

THIRD PARTY COMPANY INFORMATION

THIRD PARTY COMPANY NAME: _____

CONTACT NAME: _____

THIRD PARTY BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EXT: _____

FAX: _____

CONTACT'S E-MAIL: _____

E-MAIL FOR INVOICE: _____

Invoices will be sent by e-mail. Please provide the e-mail address of the person who reconciles your invoices if different than contact's e-mail.

THIRD PARTY CREDIT CARD AUTHORIZATION

- AMERICAN EXPRESS MASTERCARD VISA DISCOVER DINERS CLUB

CREDIT CARD ACCOUNT NO: _____

EXP. DATE: _____

CARDHOLDER NAME (PLEASE PRINT): _____

CARD TYPE: _____

AUTHORIZED SIGNATURE: _____

CARDHOLDER BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

02/07 (185174)

FREEMAN third party authorization