**INCLUDE THE FREEMAN METHOD OF** PAYMENT FORM WITH YOUR ORDER

NAME OF SHOW: 16TH INT	FRNATIONAL C	ORD BLOOD	SYMPOSIUM /	JUNE 14-16.	2018
	ENGATIONAL O	OND DECOD		oone n=10,	2010

COMPANY NAME:	BOOTH #:	BOOTH SIZE:	Х
CONTACT NAME	PHONE #		

E-MAIL ADDRESS:

For Assistance, please call (714) 254-3410 to speak with one of our experts.

For fast, easy ordering, go to www.freeman.com

DISPLAY LABOR (One Hour Minimum per Worke	er)	
	Advance Price	Show Site Price
8:00 A.M. to 4:30 P.M. Monday through Friday\$ 4:30 P.M. to 8:00 A.M. Monday through Friday,	145.00	\$ 203.00
ALL DAY on Saturday and Sunday\$	261.00	\$ 365.50
ALL DAY on recognized Holidays\$	333.50	\$ 467.00
	8:00 A.M. to 4:30 P.M. Monday through Friday\$ 4:30 P.M. to 8:00 A.M. Monday through Friday, ALL DAY on Saturday and Sunday\$	8:00 A.M. to 4:30 P.M. Monday through Friday\$       Advance Price         8:00 A.M. to 4:30 P.M. Monday through Friday,       145.00         4:30 P.M. to 8:00 A.M. Monday through Friday,       261.00

## Show Site prices will apply to all labor orders placed at show site.

•	Price	is	per	perso	on/per	hour.	
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- Start time guaranteed only at start of working day.
- One hour minimum per person labor thereafter is charged in half (1/2) hour increments.
  Labor must be canceled in writing, 24 hours in advance to avoid a one (1) hour cancellation fee per worker.
  When scheduling dismantle labor, be sure to allow sufficient time for empty containers to be returned to your booth.
- Freeman supervised jobs will be completed at our discretion prior to show opening and before the hall must be cleared. Please include setup plan/photo, special instructions & inbound shipping information with this order.

## **INSTALLATION LABOR**

Freeman Supervised Labor - Please complete the reverse side of this form.

- Installation of your exhibit will be completed at our discretion prior to show opening.
- The charge for this service is 30% of the total installation labor bill, with a minimum of \$45.00.
- Emergency contact:

Exhibitor Supervised Labor (Supervisor must check in at Service Desk to pick up labor)

Superviso	r will be:			Phone	Number:		
Date	Start Time	No. of People	Approx. Hrs. per Person	Total Hrs.	Hourly Rat	te	Estimated Total Cost
		X	•		@\$	= \$	
		×	==		@\$	= \$	
		×	=		@\$	= \$	
			Free	man Supervis	ion (30%/\$45.00)	= \$	
					Тах	= \$	(N/A)
					Total Installation	= \$	

## **DISMANTLE LABOR**

Freeman Supervised Labor - Please complete the reverse side of this form. • Freeman is not responsible for product or literature that is not properly packed and labeled by exhibitor. • The charge for this service is 30% of the total dismantle labor bill, with a minimum of \$45.00. Emergency contact:

Phone	Number:	
1 110110	riannoor.	

Phone Number:

Exhibitor Supervised Labor(Supervisor mus	t check in at Service Desk to pick up labor)
Supervisor will be:	Phone Number:

Date	Start Time	No. of People		Approx. Hrs. per Person	Total Hrs.		Hourly Rate		Estimated Total Cost
			х	=		@\$		_=\$_	
			х	=		@\$		_= \$_	
			х	=		@\$		_=\$	
				Free	man Supervisi	ion (3	0%/\$45.00)	= \$_	
							Tax	= \$_	(N/A)
						Tota	al Dismantle	= \$	

NAME OF SHOW: 16TH INTERNATIONAL COR	D BLOOD SYMPOSIUM	JUNE 14-16	, 2018
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DMPANY NAME:		BOOTH #:	BOOTH SIZE:	Х
ONTACT NAME:		F	HONE#:	
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NORDER TO BETTER SEF				τιον
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reight will be shipped to Warehous	se Show Site	Date Shipped		
otal No. of:	Crates	Cartons	Fi	ber Cases
etup Plan/Photo: Attached	To Be Sent With Ext	hibit	_In Crate No	
arpet: With Exhibit	Rented From Freeman	Color	Size	
lectrical Placement:	Drawing AttachedDraw	wing With ExhibitElectric	al Under Carpet	
Comments:				
Graphics: With Exhibit	Shipped Separately			
Comments:				
Select a Carrier:				
Select a Carrier:	ion:	Other Carrier:		
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