PLEASE NOTE: THIS FORM IS FOR SIGNS WEIGHING LESS THAN 100 LBS. ANY SIGNS WEIGHING MORE THAN 100 LBS MUST BE RIGGED BY AV CONCEPTS. CALL - 888-828-2462 OR CLICK HERE FOR MORE INFO: <a href="http://www.avconcepts.com">http://www.avconcepts.com</a>

## FREEMAN

850 Spice Island Drive Sparks, NV 89431 (775) 355-4600 • Fax: (469) 621-5617 INCLUDE THE FREEMAN METHOD OF PAYMENT WITH YOUR ORDER

NAME OF SHOW:	SHPE 2019 National (	<u>Convent</u>	ior	<u>า / Nov</u>	em	<u>ber 1-</u>	<u>-2, 7</u>	2019					
COMPANY NAME:				воот	H #:								
CONTACT NAME:				PHON	E #:								
E-MAIL ADDRESS:													
For Assistance, ple	ease call 775-355-4600 to speak with o	ne of our exp	erts.	,									
	For fast, easy order	ring, go to ww	w.fre	emanco.c	om/st	ore							
	HANG	ING SIGN	<u>۱ L</u>	ABOR									
	AND LABOR RATES TO HANG												
Straight Time -	8:00 A.M. to 4:30 P.M. Monday th												
Overtime -	7:00 A.M. to 8:00 A.M. and 4:30 P.M. to 12:00 Midnight Monday through Friday 7:00 A.M. to 12:00 Midnight Saturday and Sunday												
Double Time -	12:00 Midnight to 7:00 A.M. and	recognized	l hol	idays									
<b>EQUIPMENT</b>	WITH CREW												
-	es will apply to all hanging sign or	ders placed	at s	show site									
	INIMUM of three people.					_							
	able, clamps, etc are additionar r lift and crew per hour.	ii and char	gea	accordi	ngıy	<b>'-</b>							
•	nimum per lift/crew - lift/crew therea	after is char	ged	in half (1	/2) h	our incr	eme	nts.					
	SIGN HANGS ONLY	·			,								
	Boom/Condor Lift with Crew per ho	ur		Straight <u>Time</u>		Over <u>Time</u>		Double <u>Time</u>					
L	Advanced Price	ui	\$	590.00	\$	710.00 994.00		830.00 1162.00					
,	Showsite Price  ASSEMBLY CREW/ADDITION	MALLAD	\$ <b>O</b> B	826.00	\$	994.00	\$	1102.00					
				. Dor He	ur								
P	Assembly Crew or Ground Supervis	301 - Pei Pe		1, Per no		205.00	φ	290.00					
	Advanced Price Showsite Price		\$ \$	203.00	\$ \$	287.00	\$ \$	406.00					
	assembly and disassembly nging sign can be provided by	ASSEMB	Estimated Cost										
	your company representative, dependent or lighting contractor.		, 191	orox. Hours	@		rly Ra	=					
Please indicate n	nethod of supervision you require				_ ~								
for assembly/disa		*REQUESTED INSTALL DATE:TIM											
OK to	proceed without Exhibitor		App	orox. Hours	6	Hou	rly Ra	ate	Estimated Cost				
☐ Super	vision				_ @	)		_					
☐ Wait for the property of the property o	or Exhibitor Personnel				_ હ								
□ Displa	ay House to supervise	*REQUES	STE	D DISM	ANT	LE DAT	Œ:		TIME:				
				orox. Hours			rly Ra	ate	Estimated Cost				
	and/or equipment will be used												
	r deems it necessary to safely				_ @			= -					
	stallation and/or dismantling of a charged accordingly.												
job and it will bo	onarged accordingly.					T	ax 8	.6%: _					
I	NBOUND SHIPPING			TOT	AL E	STIMA	ſΕD	COST:					
	dvance Warehouse												
	Receipt: OCTOBER 23, 2019	*REQ	UES	STED DA	TES .	& TIMES	ARI	E NOT G	UARANTEED.				
	how Site* (Standard Prices Apply) I:												
*Standard pri	ces will apply for all Hanging												

Signs shipped direct to show site.

NAME OF SHOW:		SI	HF	<u> </u>	2	01	9	Na	tic	on	al	C	or	ıve	en	tic	on	1 /	No	V	en	1b	er	1.	-2,	20	019	9
COMPANY NAME:		BOOTH#:																										
CONTACT NAME:	ONTACT NAME: PHONE #:																											
E-MAIL ADDRESS:																												
For Assistance, plea	ase	cal	II 7	75-3	355	-46	00	to s	pea	ık w	/ith	one	e of	f ou	r ex	хре	rts											
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<ul> <li>SIGN DESCRIF</li> <li>For signs other points may be</li> </ul>	r t	har	n b	an	ne	& rs,	inc	luc	H I le I	blu	ер	rin	t o	r d	rav	win	g	wit	h d	leta	aile	d i	nfo	orm	nati	ion	so	hanging anchor
Type□ Cloth B	anı	ner			M	eta	ı□	)	Wo	od			Ot	her														· · · · · · · · · · · · · · · · · · ·
Shape: D Squar	re [	$\Box$	С	ircl	е		F	Rec	tan	gle		]	Tri	ang	gle			Ot	her									
Is Electrical Requ																						Υ	'es			Ν	lo	
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	H	$\mp$		H	F	$\Box$	+	-	H	$\mp$	Н	$\mp$	F		+	Н	$\mp$	$\blacksquare$	$\mp$	Н	$\mp$	Н	$\mp$		$\mp$	H	+	Adjacent Aisle or
	H	$\pm$	Ħ	Ħ	Ħ		$\Box$		Ħ	#	Ħ	#	Ŧ	Ħ	Ŧ	Ħ	#	Ħ	#	Ħ	#	Ħ	#	Ħ	#	Ħ	Ŧ	cent
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n left	Н	+	Н	Н	+	$\vdash$	+	+	Н	+	Н	+	+	Н	+	Н	+	Н	+	Н	+	Н	+	+	+	Н	+	Booth
from	П	$\mp$	Н	H	F	Н	$\blacksquare$	$\mp$	Н	Ŧ	Н	$\mp$	F	Н	Ŧ	П	7	Н	Ŧ	Н	Ŧ	Н	$\mp$	$\blacksquare$	Ŧ	H	Ŧ	#
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Number of feet in from left side	Ħ	#	Н	$\perp$						#	Н	#			#	Ħ	#	$^{\dagger\dagger}$	#	Ħ	#	Ħ	#		#	Ħ	#	
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8	Н	$\pm$	Н	Н		H	+		Н	+	Н	+	+	Н	+	Н	+	Н	+	Н	+	Н	+	+	+	Н	+	from right side
9	Н	$\mp$	Н	H	+	H	+	-	Н	$\mp$	Н	$\mp$	F	H	+	Н	$\mp$	Н	$\mp$	Н	$\mp$	Н	$\mp$	$\blacksquare$	$\mp$	H	+	i si
t Ais	П	Ŧ	Н	H	F	П	Н	-	П	Ŧ	Н	$\mp$	F	П	Ŧ	П	Ŧ	П	Ŧ	Н	Ŧ	П	Ŧ	Н	Ŧ	П	Ŧ	1
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Exhibitors who comply with all outlined regulations will be given first priority.

## FREEMAN

2080 Brierley Way, Ste 102 Sparks, NV 89434 (775) 355-4600 Fax: (469) 621-5617

## PLEASE INCLUDE THIS FORM WITH YOUR HANGING SIGN ORDER FORM

## STRUCTURAL INTEGRITY STATEMENT THIS FORM MUST BE RETURNED FOR ALL SUSPENDED STRUCTURES

exhibitor at the SHPE 2019 National Convention / Novem (if applicable), the display house or builder for the aforement hereby certify and guarantee that the stress points for the have been properly engineered and tested. We further certain be hung safely and has been constructed to meet all a and safety measures.	nber 1 - 2, 2019 and entioned exhibitor, do ne hanging structure tify that the structure
We hereby release, indemnify and forever hold harmless to PHOENIX CONVENTION CENTER, FREEMAN, and it directors, officers, employees, representatives, agents a and against any and all liability, claims, damage, loss arising from the installation, use or dismantling of this structure supporting in excess of 200 lbs. may be verified (metered) expense.	ts subsidiaries, their and contractors from , fines, or penalties cture. All hang points
Exhibiting Company:	Booth #:
Authorized Signature:	
Printed Name:	Date:
E-Mail:	<del> </del>
Display House/Builder (if applicable):	
Authorized Signature:	<del> </del>
Printed Name:	Date:
E-Mail:	
Complete and return form to address listed at the top	

of this form.