



5675 McLaughlin Road, Mississauga, Ontario, L5R 3K5 Tel: 905-283-0500 Fax: 905-283-0501 Toll Free: 1-877-437-4247 www.gesexpo.ca

IN BOOTH FORKLIFT ORDER FORM

SHOW: **The Green Living Show 2012**

DISCOUNT PRICE DEADLINE DATE: **March 26, 2012**

EXHIBITOR INFORMATION

BOOTH #: _____

COMPANY _____

STREET _____

CITY _____ PROV/STATE _____ CODE _____

E-MAIL _____

PHONE _____ FAX _____

CONTACT NAME _____

CREDIT CARD AUTHORIZATION

MASTERCARD VISA AMEX

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EXPIRY DATE _____ / _____

CARDHOLDER NAME _____

CARDHOLDER SIGNATURE _____

CHEQUE ATTACHED (PAYABLE TO GES CANADA)

CREDIT CARD AUTHORIZATION (ABOVE) MUST BE COMPLETED AS METHOD OF PAYMENT FOR THIS SERVICE

IN-BOOTH FORKLIFT SERVICE IS AVAILABLE TO EXHIBITORS REQUIRING ASSISTANCE WITH POSITIONING OF EXHIBITOR MATERIALS WITHIN YOUR BOOTH SPACE. **MINIMUM CHARGE OF 1 HOUR PER ORDER. (INCLUDES INSTALLATION AND DISMANTLING).**

THIS SERVICE IS NOT PAID FOR BY SHOW MANAGEMENT

Straight Time
8:00am - 4:00pm
Monday - Friday

\$200.00 PER HOUR

Over Time
4:00pm - 6:00pm
Monday - Friday
8:00am - 4:00pm Sat & Sun

\$241.00 PER HOUR

Double Time
After 6:00pm Mon-Fri
After 4:00pm Sat & Sun
All Holiday Hours

\$285.00 PER HOUR

A 30% SURCHARGE WILL BE APPLIED TO ON-SITE ORDERS.
ALL RATES INCLUDE FORKLIFT AND DRIVER (13% HST IS APPLICABLE)

PLEASE COMPLETE THE FOLLOWING:

SUPERVISOR NAME: _____ (EXHIBITOR MUST BE PRESENT TO SUPERVISE)

INSTALLATION TIME REQUIRED: _____ Day _____ Date _____ Month _____ # of Hours _____ # of Forklifts _____

DISMANTLING TIME REQUIRED: _____ Day _____ Date _____ Month _____ # of Hours _____ # of Forklifts _____

APPROXIMATE TIMES:

MOVE-IN Start: _____ am pm Finish: _____ am pm Total Hours: _____

MOVE-OUT Start: _____ am pm Finish: _____ am pm Total Hours: _____

SERVICES OVER 1 HOUR MINIMUM WILL BE CHARGED IN 1/2 HOUR INCREMENTS PER FORKLIFT.

Terms & Conditions

- Exhibitor must check forklift/driver in and out at the GES Service Centre.
- We reserve the right to change labourers and/or rates as shifts change.
- All claims or discrepancies must be settled within one week of show closing.
- GES Limits of Liability apply.

SUBTOTAL	_____
13% HST	_____
TOTAL	_____
HST #R104060264	

I have read and understand the Terms & Conditions of my Agreement with GES.

Signature

Date