

Trade Show Supply House, Inc.

P.O. Box 999 Vancouver, WA 98666
(360) 624-4498 FAX (360) 576-9224

RENTAL ORDER FORM EXCLUSIVELY FOR: NW FIRE AND RESCUE

May 14-15, 2010

TERMS:

ALL ORDERS RECEIVED BY: **May 4, 2010** WILL BE GIVEN A 20% DISCOUNT TO BE CALCULATED AT THE BOTTOM OF THIS ORDER FORM. **ALL ORDERS MUST BE ACCOMPANIED WITH PAYMENT IN FULL.** *ALL EQUIPMENT IS ON A RENTAL BASIS ONLY, WHICH INCLUDES DELIVERY TO AND PICK UP FROM BOOTH.

Qty	Description	Amount	Qty	Description	Amount
	4' BARE TABLE 30" HIGH	\$30.00		4' SKIRTED TABLE	\$50.00
	6' BARE TABLE 30" HIGH	\$35.00		6' SKIRTED TABLE	\$55.00
	8' BARE TABLE 30" HIGH	\$40.00		8' SKIRTED TABLE	\$60.00
	4' BARE COUNTER TABLE 42" HIGH	\$35.00		4' SKIRTED COUNTER TABLE 42"H	\$55.00
	6' BARE COUNTER TABLE 42" HIGH	\$40.00		6' SKIRTED COUNTER TABLE 42"H	\$60.00
	8' BARE COUNTER TABLE 42" HIGH	\$45.00		8' SKIRTED COUNTER TABLE 42"H	\$65.00
	◆ *BARE TABLES ARE TOPPED W/ VINYL			◆ ALL TABLES ARE 30" WIDE	
	48" ROUND TABLE 30" HIGH	\$25.00		TABLE SKIRT ONLY 30"H	\$25.00
	60" ROUND TABLE 30" HIGH	\$35.00		TABLE SKIRT ONLY 42"H	\$30.00
	72" ROUND TABLE 30" HIGH	\$45.00			
	COCKTAIL ROUND 30"H x 30"D	\$35.00		LINEN (ALL ROUND TBLS)	\$25.00
	COCKTAIL ROUND 42"H x 30"D	\$40.00			
Qty	Description	Amount	Qty	Description	Amount
	9' X 10' Booth Carpet	\$ 80.00			
	9' X 20' Booth Carpet	\$160.00		PLASTIC SIDE CHAIR	\$10.00
	9' X 30' Booth Carpet	\$240.00		WASTEBASKET	\$ 8.00
	9' X 40' Booth Carpet	\$320.00		BARSTOOL	\$35.00
	CARPET PADDING PER SQ/FT	\$.50		PADDED SIDE CHAIR	\$20.00
	SKIRT COLORS AVAILABLE (circle choice)				
	BLUE, WHITE, BLACK, RED, BURGUNDY,			SUBTOTAL	\$
	GREEN, TEAL				
				-20% Pre-Order (By 5/4)	\$
	CARPET COLORS AVAILABLE (circle choice)				
	BLUE, RED, BLACK, GREEN, CHARCOAL			TOTAL PAGE 1	\$
<p>PLEASE CONTACT US AT 360.624.4498 FOR SPECIAL REQUESTED RENTAL ITEMS NOT LISTED ON THIS FORM OR IF LABOR SERVICE IS NEEDED.</p>			<p><u>Payment Information</u> CHECK VISA MASTERCARD AMEX *Please refer to Credit Charge Authorization form included in this packet when paying by Visa, MasterCard or AMEX.</p>		

EXHIBITOR INFORMATION

COMPANY: _____

CONTACT: _____

BOOTH #: _____

PHONE: _____

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**MATERIAL HANDLING ORDER FORM EXCLUSIVELY FOR:
NW FIRE AND RESCUE
May 14-15, 2010**

MATERIAL HANDLING TERMS

**We will accept your shipment, deliver it to your booth space on the day set-up begins.
**After the show is completed we will remove re-crated freight from your booth and place it with a common carrier for outbound shipping.
**All freight handled by Trade Show Supply House Representatives is subject to Material Handling Service Charge.
**All freight and shipping charges incurred are the sole responsibility of the exhibitor and are not included in Material Handling Service Charge.

**All Material Handling Service Charges must be received prior to Acceptance of any shipments by Trade Show Supply House, Inc.

**Material Handling For All Direct Shipments To Expo Center
Will be handled by Show Management!!**

**Material Handling Service Charges For All Advanced Shipments To TSH Warehouse
Are Billed at \$45.00 per cwt of 100 pounds, ie;
\$0.45 per pound with a 200 pound minimum.**

***Please note: Pre-Order Discount does not apply to Material Handling Charges**

Please note: Last day for shipments to arrive at the warehouse is May 10, 2010

ADDRESS ALL SHIPMENTS AS FOLLOWS:

Direct Shipments to Expo Should be as follows:

**NW FIRE AND RESCUE
(YOUR COMPANY NAME & BOOTH NUMBER)
PORTLAND EXPOSITION CENTER
2060 NORTH MARINE DRIVE
PORTLAND, OR 97217**

Advanced Shipments to TSH Warehouse Should be as follows:

**NW FIRE AND RESCUE
(YOUR COMPANY NAME AND BOOTH #)
C/O TRADE SHOW SUPPLY HOUSE, INC.
17402 NE DELFEL ROAD
RIDGEFIELD, WA 98642**

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

NUMBER OF BOXES SHIPPED	TOTAL WEIGHT	CARRIER'S NAME IE: UPS, FED-EX	PO#/TRACKING#/SHIPPEE#
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SHIPPED FROM:

RETURN SHIPMENT TO: (If same, indicate SAME)

NOTE: OUR COMPANY DOES NOT RETURN SHIPMENTS VIA UPS, ONLY COMMON CARRIERS. IF YOU WOULD LIKE TO USE UPS TO RETURN YOUR SHIPMENT IT WILL BE YOUR RESPONSIBILITY TO CALL YOUR UPS REPRESENTATIVE TO MAKE ARRANGEMENTS. THANK YOU.

COMPANY: _____ **BOOTH #:** _____

TOTAL PAGE 2 \$ _____

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**SIGN AND BANNER HANGING ORDER FORM EXCLUSIVELY FOR:
NW FIRE AND RESCUE
MAY 14-15, 2010**

SIGN AND BANNER HANGING SERVICES:

Trade Show Supply House, Inc. must have an authorized signature and the following information completed in order to hang your sign or banner.

Company Name		Booth Number	
Address	City	State	Zip Code
Telephone	Fax		
Authorized Contact Signature	Authorized Contact – Print	Date	

BANNER HANGING SUPERVISED LABOR:

RESERVE BANNER HANGING BELOW. STARTING TIME WILL ONLY BE GUARANTEED FOR ADVANCED ORDERS. PLEASE CHECK IN AT OUR SERVICE DESK AT YOUR SCHEDULED TIME TO CONFIRM BANNER HANGING.

Name of Supervisor _____

BANNER HANGING RATE \$150/HR - ONE HOUR MINIMUM (INCLUDES OPERATOR)
BANNER REMOVAL RATE \$150/HR – ½ HOUR MINIMUM \$75 (INCLUDES OPERATOR)
ADDITIONAL CREW LABOR RATES:
STANDARD LABOR \$60/HR 8:00AM - 5:00PM M-F (ONE HOUR MINIMUM)
OVERTIME LABOR \$90/HR AFTER 5:00PM M-F AND ALL DAY SAT. & SUN. (ONE HR MIN)
HANGING POLES (IF NOT PROVIDED) \$1.00 PER LINEAR FOOT

Please fill in the start time requested and **estimate** the number of hours needed below.

Hours Needed	Date Needed	Requested Time	Total

***PLEASE NOTE: PRE-ORDER DISCOUNT DOES NOT APPLY TO ANY LABOR CHARGES**

COMPANY: _____ BOOTH #: _____

TOTAL Page 3: \$ _____

**Trade Show
Supply House, Inc.**

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**CREDIT CARD CHARGE AUTHORIZATION FORM
NW FIRE AND RESCUE
May 14-15, 2010**

<u>Company Name</u>	<u>Booth Number</u>
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Charge Authorization

Visa Mastercard American Express

Expiration Date: _____

Account Number: _____

Security Code (last three digits on back of card): _____

TOTAL PAGE 1: \$ _____

TOTAL PAGE 2: \$ _____

TOTAL PAGE 3: \$ _____

TOTAL AMOUNT TO BE CHARGED: \$ _____

Cardholder's Signature

I authorize Trade Show Supply House, Inc. to debit my credit card for the charges listed above and for any additional charges incurred.

Cardholder's Name – *Please Print*

Cardholder's Billing Address

City

State

Zip

Cardholder's Telephone Number

In order to serve you more efficiently, please complete all required information above legibly and double check for accuracy. Please also include ALL PAGES THAT HAVE AN ORDER ON THEM along with this PAYMENT form to insure proper billing. TOTAL FOR ALL PAGES MUST BE INCLUDED IF CHARGING TO YOUR CREDIT CARD OR IF PAYING BY CHECK.