



LABOR ORDER FORM

Shepard Exposition Services

5845 Wynn Road, Suites A,B,C,D. Las Vegas, NV 89118
 Customer Service Phone: (702) 507-5278
 Customer Service Fax: (702) 948-0341
 Customer Service Email: lasvegas@shepardes.com

NFMT Fall 2016

November 1 - 2, 2016

Mirage-Las Vegas, Las Vegas, NV

Event Code: L103041116

Discount Deadline: **October 11, 2016**

INSTALLATION & DISMANTLING LABOR ESTIMATE AND QUESTIONNAIRE

Please complete the following:

How many laborers will you require? _____ Installation _____ Dismantling
 Date of installation: _____ Requested start time: _____ Est. Hours _____
 Date of dismantling: _____ Requested start time: _____ Est. Hours _____

I will need Shepard Supervised Labor for (please check one):

Installation Dismantling Both Install/Dismantle

Code	Qty.	Item	Discount	Regular	Sup. Fee	Amount
Shepard Supervised Labor (Exhibitor not present)						
68066		ST	82.00	106.60	30% **	
68067		OT	123.00	159.90	30% **	
68068		DT	164.00	213.20	30% **	

Dismantle: 68070/68071/68072 Sup install: 68069 Sup dismantle: 68073

**Supervisory fee is 30% of total cost or \$60, whichever is greater.

I will need Exhibitor Supervised Labor for (please check one):

Installation Dismantling Both Install/Dismantle

Code	Qty.	Item	Discount	Regular	Amount
Exhibitor Supervised Labor					
68060		ST	82.00	106.60	
68061		OT	123.00	159.90	
68062		DT	164.00	213.20	

Dismantle: 68063/68064/68065

- Please note:**
- Hours are based on estimates, you will be invoiced for actual time incurred.
 - Requested times are not guaranteed and are based on availability.
 - Minimum one hour will be charged. Additional time will be billed in in half-hour increments.
 - **When ordering dismantle labor, due to show break down and returning empties to your booth, labor ordered through Shepard at the close of the event may not be available until one hour after show close.**

Subtotal \$ _____
 N/A Tax*: \$ _____
 Amount Due: \$ _____

Labor Hours

ST - Straight time: Monday - Friday: 8:00 am - 4:30 pm
 OT - Overtime: Monday - Friday: 4:30 pm - Midnight: Saturday/Sunday: 8:00 am - 5:00 pm
 DT - Double time: All other hours and holidays

If you are shipping carpet to the show and require Shepard to install it for you, please complete the following:

Exhibitor-Owned Carpet Installation/Dismantling					
Code	SQ FT	Description	Discount	Regular	Amount
68080		Flooring Only	1.00	1.30	
68083		Padding + Flooring	1.50	1.95	
68079		MINIMUM	164.00	213.20	

Requested install date/time: _____

Flooring type(s):

Carpet Padding Other _____

What is your booth size (ft.)?

_____ X _____ = _____ SQ FT

Subtotal \$ _____
 N/A Tax*: \$ _____
 Amount Due: \$ _____

SHEPARD SUPERVISION INFORMATION

Please complete this section if you have chosen Shepard to supervise your installation and/or dismantling.

Inbound Freight Information

Carrier Company Name: _____
 # of pieces: _____ Weight of Shipment: _____
 Is shipment? Crated Uncrated
 Tracking/Pro #: _____
 Estimated arrival date: _____
 Shipment to arrive at: Warehouse Show site

Outbound Freight Information

Carrier Company Name: _____
 Deliver Shipment To: _____
 Address: _____
 City, ST, Zip: _____
 Type of Service (air, van line, ground, etc.): _____

If for any reason your shipment is not picked up by your carrier, please choose one of the following options:

Force freight through preferred carrier:
 Send shipment back to Shepard warehouse: (\$400 min. fee)

Set-up Information for Installation

Please check all that apply and provide information where requested.

Booth Size: _____ x _____
 Forklift required? Yes No
 Carpet is? owned rented from Shepard
 Carpet padding? Yes No
 Drawings are? Faxed to Shepard Shipped w/exhibit crates

Services You Have Ordered

(please check all that apply)

- Electrical Furniture A/V Equipment
 - Booth Cleaning Telephone/Internet
- Electrical Information:**
- Electrical should go under the carpet (diagram is attached)
 - Electrical drawings are attached
 - Electrical drawings are with exhibit in crate number
 - Electrical drawings were sent to the official contractor

On-site Exhibitor Contact Information

Name: _____ Phone #: _____
 Hotel: _____
 Arrival date/time: _____ Departure date/time: _____

Please complete the following: **Company Name:** _____ **Booth #:** _____
Contact Name: _____ **Phone #:** _____
Authorized Signature: _____

Signature also indicates you read and accept the Payment Policy and Terms and Conditions. All tax rates are subject to change.
 Must order by discount deadline date to receive discounted pricing. Payment Authorization must be completed and returned with order.
 Orders cancelled without written 48-hour notice will be charged a one (1) hour cancellation fee.