



# Exhibits, Inc.

2505 Glen Center Street  
Richmond, Virginia 23223  
Phone (804) 788-4400  
Fax (804) 788-0186

XhibitsInc.com

# EXHIBIT LABOR ORDER FORM

**ALL ORDERS MUST BE PAID FOR IN ADVANCE  
PLEASE COMPLETE THE ENCLOSED PAYMENT POLICY  
FORM AND RETURN WITH YOUR ORDER**



All work will be done on straight time when possible. If workers are requested for the start of the day, it is most likely they can be picked up at the service desk at 8:00 A.M., if they are needed at other times, their pick-up time for their assignment will be approximate as it is difficult to estimate the exact time of completion of previous jobs. The provision of photos, blue prints, or instructions will greatly help reduce the amount of labor needed. Your supervision will also minimize your labor cost.

Straight time rate of \$60.00 per hour prevails from 8:00 AM to 4:30 PM, Monday through Friday; the rate for overtime is \$92.00 per hour and is in effect all other times including Saturdays, Sundays and holidays.

A service charge of 25% (\$50.00 minimum) will be applied to the above rates when exhibitor supervision is not present during installation and dismantling.

THERE IS A MINIMUM CHARGE OF 1 HOUR FOR ALL SERVICES. FRACTIONS OF HOURS WILL BE BILLED TO THE NEXT HALF HOUR.

**NOTE: Supervision is required for all exhibit installation and dismantling. Please indicate on the form below if exhibitor will furnish supervision or if Exhibits, Inc. is to supply. If exhibit is to be erected and/or dismantled without exhibitor's supervision, Exhibits, Inc. cannot be responsible for resulting damage, loss, improper installation, improper packing, theft, or any other cause.**

Exhibitor's supervisor must pick-up men at starting time and return to sign for labor at completion of job.

LABOR SERVICES - PLEASE ESTIMATE YOUR NEEDS - ONE HOUR MINIMUM							
DESCRIPTION	DATE	# OF MEN	TIME IN	TIME OUT	TOTAL HOURS	RATE	TOTAL
INSTALLATION LABOR							
DISMANTLING LABOR							
						<b>SUB-TOTAL</b>	
						<b>SUPERVISION CHARGE</b>	
						<b>GRAND TOTAL</b>	

Exhibitor will furnish supervision for  Installation  Dismantling  
Exhibits, Inc. to furnish supervision for  Installation  Dismantling

Exhibitor supervisor: His/Her name is: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**NOTE: IF EXHIBITOR FAILS TO PICK UP LABOR AT TIME ORDERED, A ONE HOUR PER MAN NO SHOW CHARGE WILL BE APPLIED.**

*PLEASE RETURN ONE COPY TO EXHIBITS, INC. AND RETAIN A COPY FOR YOUR FILES.*

Your Company \_\_\_\_\_ Telephone No. \_\_\_\_\_

Street Address \_\_\_\_\_ Fax No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized By: \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)

Name of Event Architectural Exchange East 2009 Booth No. \_\_\_\_\_  
Greater Richmond Convention Center, Richmond, VA  
November 4-6, 2009



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# PAYMENT POLICY FORM

PLEASE COMPLETE AND RETURN TO EXHIBITS, INC.



**LEASE FAMILIARIZE YOURSELF WITH THIS POLICY BEFORE ORDERING ANY SERVICES!**  
**★★ NO SERVICES WILL BE RENDERED WITHOUT FULL PAYMENT IN ADVANCE★★**

NAME OF EVENT:	<b>Architectural Exchange East 2009</b>
EVENT LOCATION:	<b>Greater Richmond Convention Center, Richmond, VA</b>
EVENT DATE:	<b>November 4-6, 2009</b>
<b>YOUR BOOTH #</b> <input type="text"/>	

THE FOLLOWING TERMS APPLY TO ANY AND ALL SERVICES RENDERED BY EXHIBITS, INC. FOR THE EVENT LISTED ABOVE.

### TERMS

DISCOUNT PRICES only apply to advance orders with payment IN FULL, including 5% VA sales tax, that are received by Deadline Date, after which Standard Rates will be charged. ALL CHARGES FOR SERVICE AND/OR EQUIPMENT MUST BE PAID IN ADVANCE. On site orders must be paid by either CASH, CHECK, or for your convenience, VISA, MASTERCARD or AMERICAN EXPRESS. All prices subject to 5% VA sales tax.

*We have read, understand and agree to all terms as described above and have advised our show site representative accordingly.*

EXHIBITOR SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE NOTE: ELECTRICAL AND/OR TELECOMMUNICATION ORDERS SHOULD BE MAILED AND PAID TO THE FACILITY ON THE ORDER FORM FOR THAT SERVICE.

### PAYMENT BY CHECK, PLEASE COMPLETE THE FOLLOWING:

YOUR CHECK NUMBER: \_\_\_\_\_ DATED: \_\_\_\_\_ CHECK TOTAL: \$ \_\_\_\_\_

### PAYMENT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

CHARGE (CHECK ONE)  MasterCard  Visa  American Express

EXPIRATION DATE

ACCOUNT NUMBER:

CVC 3 (or) 4 DIGIT CODE

MONTH YEAR

SIGNATURE: \_\_\_\_\_

PLEASE PRINT CLEARLY: Cardholders Name: \_\_\_\_\_  
Cardholders Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Your Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip