

Desert Display Services 3133 Boeing Road Cameron Park, CA 95682 www.desertdisplay.com Office: 530-672-1477

E-mail: bcook@desertdisplay.com

| Service Requirements: | | Inetallation | & Dismantle | | | | |
|--|--------|---------------|---------------------|-----------------------------|--------------|-----------------|-----|
| Service Requirements. | | | & Dismande | | | | |
| | | Other | | | | | |
| 0.1 | | Specify | | 10 D D'II' I . (| | | |
| Submitters Information: | | | | I&D Billing Information | : | | |
| Name | | | | Company | | | |
| Company | | | | Contact Name | | | |
| Address | | | | Contact email | | | |
| City/State/Zip | | | | PO number (if needed) | | | |
| Email Address | | | | Address | | | |
| | | | | | | | |
| Phone / Fax | | | | City/State/Zip | | | |
| After hours contact number | | | | Phone/Fax | | | |
| Show Information: | | | | 1 | | | |
| Exhibitor Name | | | | | Venue | | |
| Show Name | | | | | Hall | | |
| Show Start Date | | | | | Booth Size | | |
| Show End Date | | | | | Booth Number | | |
| Show City | | | | | | | |
| Exhibitor Information: | | | | | | | |
| Contact Name | | | | | | | |
| Phone Number | | | | | | | |
| After hours contact number | | | | | | | |
| Display House Information: | | | | | | | |
| Company | | | | | | | |
| Contact Name | | | | | | | |
| Phone Number | | | | | | | |
| After hours contact number | | | | | | | |
| Labor Information: * 4hr minimums apply | Day | Date | Start Time | Workers | Est Hours | Additional Need | ds: |
| * Installation | | | 0.0 | | | Visqueen | |
| motanation. | | | | | | Genie Llft | |
| | | | | | | Ladders | |
| * Dismantle | | | | | | Exhibit Height | |
| Disilialitie | | | | | | Exhibit Height | |
| | | | | | | | |
| DD0 0 ! | | *O.F.0.(O | | | "" | | |
| DDS Supervised Labor: | | *25% Supe | ervision tee applie | es - based on total labor i | OIII | | |
| Exhibitor or Shop Supervised Labor: | | | | | | | |
| Exhibitor or Shop Supervisor Contact: | Comp | oany | Contact Name | | Cell number | | |
| Install | | | | | | | |
| Dismantle | | | | | | | |
| Booth Layout to be provided? | | | | Email | *Mail | w/Exhibit | |
| *Please contact us prior to mailing any | Blue F | Prints | | | | | |
| items, we may need to provide an | Drawi | ngs | | | | | |
| alternate mailing address. | Pictur | | | | | | |
| Carpet Specifications: | | | • | | | | |
| Rental | | 1 | | | | | |
| Shipped w/exhibit | | | | | | | |
| Color | | | 1 | | | | |
| Pad? | | Yes | 1 | | | | |
| | | No | | | | | |
| | | J. 10 | | | | | |
| Services Ordered: (Please email or fax a | copy o | f orders to [| DDS for our job fil | e) | | | |
| Electrical | | 1 | | - , | | | |
| Telephone | | | | | | | |
| Cleaning | | | | | | | |
| Cleaning | | | | | | | |
| | | | | | | 1 | |
| Furniture | | | | | | | |
| Floral | | | | | | | |
| Audio visual | | | | | | | |
| Other | | | | | | | |



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Convention & Exhibitor Services

| Show Management: | | General Contractor: | | |
|-----------------------------------|------------------|---|--|--|
| Note: EAC Submitted? | Yes | Show Rate ST | | |
| For DDS Contact, please list: | No | ОТ | | |
| John Cook Company | | Company | | |
| 602-617-8016 Address | | Address | | |
| City/State/Zip | | City/State/Zip | | |
| | | | | |
| Contact Name | | Contact Name | | |
| Mobile / Fax | | Mobile / Fax | | |
| Inbound Freight: | | Outbound Freight: | | |
| Carrier | | Preferred Carrier | | |
| Tracking number | | Pick up date | | |
| Carrier Contact Name | | Pick up time | | |
| Carrier Contact Number | | Ship To Company | | |
| Shipped from | | Address | | |
| Address | | City/State/Zip | | |
| City/State/Zip | | Attention | | |
| Shipped To | | / Mondon | | |
| οπιρ ρο υ το | | | | |
| | Drayage | | | |
| | DDS Direct | | | |
| Split shipment? | | Split Shipment? Yes | | |
| | No | No | | |
| Split inbound details, if needed: | | Split outbound details if needed: | | |
| Carrier | | Preferred Carrier | | |
| Tracking number | | Pick up date | | |
| Carrier Contact Name | | Pick up time | | |
| Carrier Contact Number | | Ship To Company | | |
| Shipped from | | Address | | |
| Address | | City/State/Zip | | |
| | | | | |
| City/State/Zip | | Attention | | |
| Shipped To | | | | |
| | Drayage | In the event your selected carrier fails to show on final | | |
| Inbound Pieces: | DDS Direct | move-out day, please select one of the following options: | | |
| Number Crates | | Re-route via General | | |
| Number Skids | | Contractor's choice. | | |
| Number fiber cases | | Delivery back to warehouse at | | |
| Number cartons | | exhibitor's expense. | | |
| Total pieces | | | | |
| Freight Billing Information: | <u> </u> | Notes: | | |
| Company | | 110100. | | |
| Company Contact email | | | | |
| | | | | |
| Fed-Ex/UPS Acct # (as necessary) | | | | |
| Address | | | | |
| City/State/Zip | | | | |
| Phone/Fax | | | | |
| Rate Schedule: | | | | |
| | 8:00am-5:00pm | Mon-Fri | | |
| | 5:00pm-8:00am | Mon-Fri | | |
| Over Time | 12:00am-Midnight | Sat & Sun | | |
| | 12:00am-Midnight | Listed Holidays | | |
| Double Time | As applicable | | | |
| | As applicable | Any return to job site with less than 8 hours between shifts Travel Time is billed at Straight Time rates, some exclusions apply: | | |
| Traval Time | | | | |
| Travel Time | | (i.e. when travel time fits within 4 hr mini, then billed at 4 hr mini rate, | | |
| | | also, listed holidays.) | | |
| Holiday's billed @ Double Time: | L | New Year's Day Memorial Day Independence Day | | |
| | | Labor Dav Thanksgiving Dav Christmas Dav | | |