GBES

Green Bay Exposition Services

598 Borvan Ave Green Bay, WI 54304 Phone: 920-405-0100

Email: Gbes 12@gmail.com
Include company name and show
Name in subject Line

Order Form

Show:

WI Healthcare Engineering Association September 17-18, 2019 Red Lion Hotel Paper Valley Appleton, Wisconsin 54911

Discount Deadline Date: September 1, 2019

COMPANY NAME:				воотн#				
ADDRESS:								
PHONE #:	FAX:		EMAIL:					
ORDERED BY:		PRINT NAM	Е:	DATE:				
				ACCEPTANCE OF ALL ATTACHED contractual agreement between GBES				
and the undersigned party	•		_	RTIFICATE WITH YOUR ORDER.				
additional amounts incu Bay Exposition Services	rred as a result of shows, Inc. charges or any c	w site orders plac charges which Gr	ed by your representativeen Bay Exposition Ser charges. Please complete	nt for your advance orders, and any ve. These charges may include all Green rvices, Inc. may be obligated to pay on ete the information requested below:				
AMERIC	AN EXPRESS	DISCOVER	MASTERCARD	VISA				
Account No.:	10 10 0 1 0 0	G 11 6	Exp. Date:	CVC:				
☐ Persona		ompany Credit C	ard					
Signature:								
Cardholder Billing Address:			Phone:					
City/State/Zip:								
Furnishings Cleaning Accessories	Installation Labor	Dismantle Labor	Material Handling	Grand Total				

Show:	Show: WI Healthcare Engineering Association									
COMPANY NAME: BOOTH#										
ELIDALICI	HNGG & AGGEGGODIEG	•								
Item #	HINGS & ACCESSORIES Description	•	Color	0	ty.	I Ir	nit Price	To	tal Price	
Teem #	Description		Color	V	iy.	- 01	III I I I I I C	10	iai i iicc	
						Sub	-Total			
							6 Tax			
						Tota	ıl			
D.O.O.T.Y		NG								
Item #	CLEANING/SHAMPOOI Description / # of Date		Roo	th Size		TI	nit Price	То	tal Price	
π	Description / # of Da	ays	Doo	X		U.	111111111111111111111111111111111111111	10	tai i iice	
				X						
						Tota	ıl			
Straight 7 Overtime • S • I • V	ALL DAY Saturday, start time guaranteed only at start Labor must be canceled in writing When scheduling dismantle labor, GBES supervised jobs will be cospecial instructions and inbound	n. Monday . Monday the Sunday and of working of , 24 hours in be sure to all mpleted at of	through Fricthrough Fricthrough Fricth d Holidays day. advance to avilow sufficient ur discretion p	oid a one time for orior to sho	empty cor ow openir	ntaine	rs to be ret	urned to you		
INSTALI Item #	LATION LABOR Description	Date*	Start*	# of	Approx		Total	Hourly	Estimated	
Item #	Description	Date	Time	# OI person	Hrs/per		Hours	Rate	Total Cost	
								Total		
DISMAN	TLE LABOR									
Item #	Description	Date*	Start* Time	# of person	Approx Hrs/per		Total Hours	Hourly Rate	Estimated Total Cost	
								Total		
The char dismantle GBES is	Supervised Labor ge for this service is 30% of the to e labor bill, with a minimum of \$4 not responsible for product or lite t properly packed and labeled by l.	otal 15.00 erature	Exhibitor S Show Site Co Telephone #: • Supervisor	ntact:			Desk to pi	ck up labor	ı	

GBES MATERIAL HANDLING ORDER FORM

Show: V	VI Healthcare Engineering A	n	Date: September 17-18, 2019						
COMPA	NY NAME:	BOOTH#							
Rates are	D & OUTBOUND MATERIAL H charged per 100 lbs. Material Handling has a <u>minimu</u>			y materia	ls from 1 lb. T	<u>Co 200 lbs.</u>			
Item#	Description			Price	_				
1175	Crated, palletized freight, car	\$45.00	× *	<mark>0.00 Minimum inbound)</mark>					
1176	TT			100 lbs or LESS					
1176 1177	Uncrated materials Oversized Materials larger that	s \$45.00 (\$90.00 Minimum inbound) als larger that 4' x 4' x 4' or over 400 lbs. \$68.00 (per 100 lbs.)							
INBOUN	D MATERIAL HANDLING SE	RVICES							
Part #	Description	Total Weight	C'	WT	Unit Price	Estimated Total Cost			
	Example	1200	÷ 100 =	12	<u>\$45.00</u>	<u>\$540.00</u>			
					Total				
there are	T have a Bill of Lading or Returnone, AND we have to contact the	ne Exhibito	•	a \$50 cha	<mark>rge accessed.</mark>	In the event			
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OUTBOU	ND MATERIAL HANDLING S	ERVICES							
Part #	Description	Total Weight	C	WT	Unit Price	Estimated Total Cost			
	Example	<u>1200</u>	÷ 100 =	<u>12</u>	<u>\$45.00</u>	<u>\$540.00</u>			
					Total				
<b>METHO</b>	<mark>D OF SHIPMENT</mark> : (Circle desir UPS FEDERAL EXP		and Fill in follo	0	,				
Carrier:			Phone:						
SHIP TO									
<b>COMPA</b>	NY NAME/ATTN:								
<b>ADDRE</b>	SS:								