

EXPO SERVICES

CORPORATE OFFICE:
 P O Box 2969
 Zanesville, OH 43702
 Phone/Fax: 740-454-1201
 Email:
 exposervicesoec@gmail.com

Payment Information Form

*** THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR ORDER ***

SERVICES AND EQUIPMENT ORDERS

NOTE: COMPLETE ONLY THE INFORMATION ASSOCIATED WITH ENCLOSED FORMS

	Taxable	Non Taxable	
A) Booth Decorating Form _____	\$ _____	\$ _____	
B) Carpet Rental Order Form _____	\$ _____	\$ _____	
D) Shipping/Freight Service Order Form _____	\$ _____	\$ _____	
E) Electrical Service Order Form _____	\$ _____	\$ _____	
F) Taxable Sub Total ___ (sum A thru E) _____	\$ _____		
H) Ohio Sales/Use Tax ___ (G x 7.5%) _____	\$ _____		
TOTALS _____	\$ _____	+ \$ _____	= \$ _____
	(Sum F & G)	(Sum A thru E)	TOTAL TIME & MATERIALS

CREDIT CARD PROCESSING FEE OF 3% = \$ _____

TOTAL PAYMENT DUE = \$ _____

NOTE: All sales & rentals are subject to Ohio Sales/Use Tax

If you are exempt from sales/use Tax within the State of Ohio , you must provide a Certificate of Exemption or pay applicable tax.

METHODS OF PAYMENT

CHECKS - Please complete the following:

MAKE CHECKS PAYABLE TO : EXPO SERVICES

Check Number: _____ Dated _____

Amount \$ _____

NOTE: All Checks are deposited upon receipt. Do not post date!
 There is a \$25.00 charge for all checks returned by the bank.

CREDIT CARD - Please complete the following: VISA M/C AM EX DIS

Acct. Number _____

Exp. Date _____ I.D. Number _____ 3 or 4 digit no. on back of card

Card Holder _____

Signature _____

PAYMENT MUST BE RECEIVED IN FULL PRIOR TO DEADLINE TO BE ENTITLED TO ADVANCE RATE

CONDITIONS OF RENTAL: NO EXHIBITOR MATERIALS CAN BE ATTACHED TO BOOTH DRAPERY, SUPPORTING METAL OR TABLE SKIRTING. NO RENTAL ITEMS/MATERIALS MAY BE ALTERED IN ANY WAY. ANY AND ALL DAMAGES/ALTERATIONS WILL BE CHARGED AT REPLACEMENT COST AND WILL BE THE RESPONSIBILITY OF THE EXHIBITOR. (rental rates will not apply as credit)

Name of Event Firm Name _____	Great Lakes Scrapbook Columbus, Ohio 2025	Tel. No. _____	50% CANCELLATION FEE FOR ALL ORDERS CANCELED OR CHANGED AT SHOW SITE.
Address _____	City _____	State _____ Zip _____	
Print Your Name _____	Signature _____		PAYMENT MUST BE RECEIVED BEFORE SERVICE IS PROVIDED.

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EXPO SERVICES

Order Form A

BOOTH DECORATING FORM

CORPORATE OFFICE:

P O Box 2969
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Email:
exposervicesoec@gmail.com

ALL ORDERS RECEIVED AFTER DEADLINE WILL BE AT FLOOR RATE
FURNITURE - TABLES - CARPETING - ACCESSORIES

QTY	TABLES & RISERS (UNDRAPED)	ADVANCED RATE	FLOOR RATE	EXTENDED PRICE
	TABLE-24"X4"X30"	\$12.00	\$15.00	
	TABLE-24"X6"X30"	\$12.00	\$15.00	
	TABLE-24"X8"X30"	\$12.00	\$15.00	
	RISER-12"X4"X12"	CALL FOR PRICE	CALL FOR PRICE	
	RISER-12"X6"X12"	CALL FOR PRICE	CALL FOR PRICE	
	RISER-12"X8"X12"	CALL FOR PRICE	CALL FOR PRICE	
	Extend Table to 40" High (Adder)	\$6.00	\$8.00	
	TABLES & RISERS (draped)	Circle color preferred	<i>BLACK BLUE WHITE</i>	<i>MAROON YELLOW</i>
	TABLE-24"X4"X30"	\$22.00	\$32.00	
	TABLE-24"X6"X30"	\$28.00	\$38.00	
	TABLE-24"X8"X30"	\$30.00	\$40.00	
	RISER-12"X4"X12"	CALL FOR PRICE	CALL FOR PRICE	
	RISER-12"X6"X12"	CALL FOR PRICE	CALL FOR PRICE	
	RISER-12"X8"X12"	CALL FOR PRICE	CALL FOR PRICE	
	Extend Table to 40" High (Adder)	\$12.00	\$15.00	
	SPECIAL BOOTH DRAPE	Circle color preferred	<i>BLACK BLUE WHITE</i>	<i>MAROON YELLOW</i>
	Siderail Drape 36" Ht./ Linear Ft.	\$2.00	\$3.00	
	Black Drape 8' Ht./ Linear Ft.	\$3.00	\$4.00	
	White Vinyl Table Cover	\$6.00	\$6.00	
	Special Skirting 30" Ht. / Linear Ft.	CALL FOR PRICE	CALL FOR PRICE	
	Special Skirting 40" Ht. / Linear Ft.	CALL FOR PRICE	CALL FOR PRICE	
	FURNITURE			
	FOLDING CHAIR	\$5.00	\$5.00	
	STACK CHAIR	\$15.00	\$20.00	
	BAR STOOL	\$30.00	\$38.00	
	OFFICE CHAIR	\$35.00	\$42.00	
	EASEL, Chrome Tripod	\$10.00	\$12.00	
	WASTE BASKET	\$5.00	\$7.00	
	Other Requests:	CALL FOR PRICE	CALL FOR PRICE	
	TRANSFER SUBTOTAL TO "PAYMENT INFORMATION FORM"		SUB-TOTAL	

The above is a basic listing of items available. Contact a representative for quotation on other items.

Name of Event	Great Lakes Scrapbook Columbus, Ohio 2025	50% CANCELLATION FEE FOR ALL ORDERS CANCELLED OR CHANGED AT SHOW SITE.
Firm Name	Tel. No.	
Address	City	State
	Zip	PAYMENT MUST BE RECEIVED BEFORE SERVICE IS PROVIDED.
Print Your Name	Signature	
THIS FORM MUST BE COMPLETED AND RETURNED FOR YOUR ORDER TO BE PROCESSED. KEEP A COPY FOR YOUR RECORDS		

EXPO SERVICES

Order Form B

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 P O Box 2969
 ZANESVILLE, OH 43702
 PHONE/FAX: 740-454-1201
 E-MAIL:
 EXPOSERVICESOEC@GMAIL.COM

CARPET RENTAL ORDER FORM

ALL ORDERS RECEIVED AFTER DEADLINE WILL BE AT FLOOR RATE

STANDARD EXHIBIT BOOTH CARPET

Standard exhibit booth carpet price includes rental, installation, removal and front edge taping. Standard booth carpet is designed for use in standard size exhibit booths. This carpet is not designed to cover complete booth areas. Cost does not include seaming and the carpets are not guaranteed to be a color match. If complete area exhibit carpet is desired, see section below

CHECK ONE	ADVANCE RATE	FLOOR RATE	CHECK ONE	ADVANCE RATE	FLOOR RATE
10Ft. x 10 Ft.	\$105.00	\$125.00	10Ft. x30 Ft.	\$250.00	\$295.00
10 Ft. x 20Ft.	\$175.00	\$205.00	10Ft. x40 Ft.	\$325.00	\$375.00
Bulk spaces per sq. ft	\$1.00	\$1.25			

Circle One: Black - Blue - Red - Grey - Green - other _____

COMPLETE EXHIBIT AREA CARPET

Complete exhibit area carpet price includes laying ,trimming, seaming, wastage, edge taping, rental and removal for carpet specifically cut to you exact measurements

Custom cut - Special Order Final Price is dependent on actual carpet cost

Complete AreaSize _____ Ft. x _____ Ft. = _____ Sq. Ft. @	ADVANCE RATE	FLOOR RATE	TOTAL
	\$2.25	\$2.75	

Circle One: Black - Blue - Red - Grey - Green - other _____

PADDING - PROTECTIVE PLASTIC COVERING - TAPE

- Padding Area Size _____ Ft. x _____ Ft. = _____ Sq. Ft. @ \$0.85 / Sq. Ft. = \$ _____
- Protective Plastic Area _____ Ft. x _____ Ft. = _____ Sq. Ft. @ \$0.15 / Sq. Ft. = \$ _____
- Additional Carpet Tape _____ Ft. @ \$1.00 Linear. Ft. = \$ _____

VACUUMING/CLEANING

Individual cleaning for your booth may be ordered by checking below
 (Charges are based on gross booth area)

- Vacuuming ONCE prior to show opening\$.25 per sq. ft.
- Vacuuming EVERY DAY during event.....\$.20 per sq. ft. per day
- Vacuuming, dusting display area & emptying waste-baskets.....\$.30 per sq. ft. per day

Booth Size: _____ ft. x _____ ft. = _____ sq. ft. x \$ _____ per sq. ft. x _____ days = \$ _____

Total each of the top three sections and enter here
 Total from VACUUM/CLEANING Section enter here

Taxable SUB-TOTAL _____
 Non Taxable SUB-TOTAL _____

Name of Event Great Lakes Scrapbook Columbus, Ohio 2025 Booth No. _____

Firm Name _____ Tel. No. _____

Address _____ City _____ State _____ Zip _____

Print Your Name _____ Signature _____

50% CANCELLATION FEE FOR ALL ORDERS CANCELLED OR CHANGED AT SHOW SITE.
 PAYMENT MUST BE RECEIVED BEFORE SERVICE IS PROVIDED.



Order Form D

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FREIGHT SERVICE AND MATERIAL HANDLING

Category	Description	Rate per CWT
1.	Advanced Warehouse Shipments- Received on or before Deadline Date	\$32.00
2.	Targeted/On Site Shipment- Contact Expo Services	
3.	Uncrated Advanced- Non palletized/non-rolling/loose shipments that require special handling that is received prior to Deadline Date	\$32.00
4.	Uncrated Targeted- Contact Expo Services	
5.	Small Package Deliveries-UPS and FEDEX etc.	
	ADDRESSED c/o EXPO SERVICES LLC	
5.1	1-49lb (combined)	\$10.00
5.2	50-100 lb (combined)	\$25.00
6.	Forklift Service- Hourly rate with operator (2 hour minimum)	\$65.00
7.	Refrigeration Services -Contact Expo Services Directly for Pricing	

Expo Services LLC provides Shipping Labels which should be completed and placed on each container shipped to the Columbus, Ohio address.

Transfer SUBTOTAL to "PAYMENT INFORMATION FORM"

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Firm Name _____ Tel. No. _____	
Address _____ City _____ State _____ Zip _____	PAYMENT MUST BE RECEIVED BEFORE SERVICE IS PROVIDED.
Print Your Name _____ Signature _____	

THIS FORM MUST BE COMPLETED AND RETURNED FOR YOUR ORDER TO BE PROCESSED. KEEP A COPY FOR YOUR RECORD



Order Form E

CORPORATE OFFICE
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EXHIBITOR ORDER FORM: OHIO EXPO CENTER ELECTRICAL SERVICES

ADVANCE RATE: ORDER MUST BE RECEIVED 2 WEEKS PRIOR TO OPENING DAY OF SHOW.

ALL ORDERS RECEIVED AFTER DEADLINE WILL BE AT FLOOR RATE.

RATES	SPECIAL WIRING
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Rates quoted below cover reasonable access to electrical circuit and **do not** include connecting equipment or special wiring. All wiring and electrical work on exhibitor's display will be charged on a time and material basis. Proper tagging of equipment indicating voltage, phase, current, etc. is the responsibility of the exhibitor.

Electrical labor rate is \$60.00/hr between 8AM and 5PM. Double time rate applies after 5:30PM on weekdays, all day Saturday and Sunday, and holidays. Labor billed at 1 hour minimum. Two weeks advance notice on all labor orders is required. All clean line requests will be done by quotation only. Additional charges may apply for outdoor exhibitor spaces. **Electrical outlet may be on pillar behind booth if not on booth.** For quote, call 740-454-1201.

ELECTRICITY AND ACCESSORIES				
QTY	SINGLE PHASE	ADVANCED RATES	FLOOR RATES	TOTAL

	120 Volt 0-1000W	\$60/outlet	\$85/outlet	
	120 Volt 1000-2000W	\$70/outlet	\$105/outlet	
	208 Volt 20 Amp	\$85/outlet	\$120/outlet	
	208 Volt 30 Amp	\$105/outlet	\$145/outlet	
	208 Volt 50 Amp	\$140/outlet	\$190/outlet	
	THREE PHASE			
	208 Volt 20 Amp	\$125/outlet	\$185/outlet	
	208 Volt 30 Amp	\$140/outlet	\$200/outlet	
	208 Volt 50 Amp	\$165/outlet	\$235/outlet	
	EQUIPMENT			
	Extension Cord (one receptacle)	\$20 each	\$30 each	
	3-Way Cube Tap (three receptacle)	\$20 each	\$30 each	
	4-Way Quad Box	\$25 each	\$35 each	
	LABOR			
	LABOR IN Straight time	-----	\$60/ hr	
	LABOR IN Over time	-----	\$110/ hr	
	LABOR OUT Straight time	-----	\$60/ hr	
	LABOR OUT Over time	-----	\$110/ hr	

PAYMENT	Total:
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CHECKS - Complete the following:
 Please make checks payable to: Expo Services
 Check # _____ Dated _____
 Amount \$ _____
 All checks are deposited upon receipt. Do not postdate.
 There is a \$25 charge for all checks returned by the bank.

CREDIT CARD - Complete the following: VISA M/C AMEX DIS
 3% PROCESSING FEE. (CIRCLE ONE)
 Acct # _____
 Exp. Date _____ CVV _____ (3 or 4 digit code)
 Card Holder _____
 Signature _____

PLEASE COMPLETE THIS PORTION. (For CREDIT CARD PAYMENTS - Provide C.C. billing address)
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Name of Event Great Lakes Scrapbook Columbus, Ohio 2025 Booth Number(s) _____
 Firm Name _____ Tel. No. _____
 Address _____ City _____ State _____ Zip _____
 Print Your Name _____ Signature _____

Credit Cards unprocessed due to insufficient funds may not be eligible for Advance Rates.
50% Cancellation Fee for ALL orders cancelled or charged at show site. Payment must be received **BEFORE** service is provided.
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