

Please indicate the Services Needed

All Rates Based on Gross Booth/Display Area, 100 square feet Minimum

Food service Cleaning is Mandatory every 2 hours when you serve food in your booth

| Booth Sanitizing Wipe Down | | | | |
|---|---|----------------------------|----------------------------------|----------------------|
| | Rate | Booth Size | # Days | Total |
| _____ (Check if Needed) | \$0.48 per sq. ft. | X _____ (# Sq. Feet) | X _____ (# Days Needed) | = \$ _____ Total Due |
| Specify Dates Needed: | | | | |
| Food Services Cleaning - to include trash/food removal & sweeper/vacuum | | | | |
| | Rate | Booth Size | # Days | Total |
| _____ (Check if Needed) | \$25.00 per hour (one hour minimum) | X _____ (# Sq. Feet) | X _____ (# Days Needed) | = \$ _____ Total Due |
| Specify Dates Needed: | | | | |
| Carpet Vacuuming | | | | |
| | Rate | Booth Size | # Days | Total |
| _____ (Check if Needed) Vacuuming | \$0.47 per sq. ft. | X _____ (# Sq. Feet) | X _____ (# Days Needed) | = \$ _____ Total Due |
| Specify Dates Needed: | | | | |
| Porter Service - Trash Removal (2 hour intervals) | | | | |
| | Rate | Times Per Day | # Days | Total |
| _____ (Check if Needed) 1 - 5 Booths: | \$52.00 @ _____ | (Number Intervals Per Day) | X _____ (Total Number Days) | = \$ _____ Total Due |
| _____ (Check if Needed) 6 - 15 Booths: | \$63.00 @ _____ | (Number Intervals Per Day) | X _____ (Total Number Days) | = \$ _____ Total Due |
| Specify Dates Needed: | | | | |
| Exhibit Cleaning | | | | |
| _____ (Check if Needed) | Exhibit cleaning & dusting of display daily | \$33.50 X _____ | # of days = \$ _____ | |
| _____ (Check if Needed) | Exhibit cleaning & dusting 1 time only | \$44.00 X _____ | (Specify Date Needed) = \$ _____ | Total Due |
| Specify Dates Needed: | | | | |

Subtotal \$ _____
7 % Tax \$ _____
Amount Due \$ _____

| | |
|---------------|----------|
| Company Name: | Booth #: |
| Contact Name: | Phone: |
| Email: | Fax: |

Please return via fax along with payment policy form to 305.571.1298 or email to info@expocci.com

DISCOUNT DEADLINE:

NO SERVICES WILL BE RENDERED UNTIL THIS DOCUMENT IS COMPLETED, SIGNED AND RETURNED TO EXPO

ADVANCE AND/OR FLOOR ORDERS:

All Orders require ADVANCE PAYMENT for initial estimate of charges for services AND a VALID CREDIT CARD with proper authorization be provided to EXPO. You may prepay with a check written on your company, but a credit card is required by EXPO to ensure any unexpected charges, such as additional freight, clean up costs, etc, are paid at the time the Show closes.

THIRD PARTY ORDERS:

If you choose to contract work to a Display or Exhibit house/company and/or require services from EXPO, the Payment Policy presented above shall apply. EXPO must be notified, in writing, from exhibiting company of any other display or exhibit company involved in the set up or breakdown of exhibits. The exhibiting firm is ultimately responsible for payment of all costs incurred on its behalf. If a third party is to be invoiced for certain items or services, please complete and submit Expo's Third Party Payment Policy prior to placing order.

DRAYAGE TO WAREHOUSE OR SHOW SITE AND/OR LABOR:

EXPO's Payment Policy must be adhered to by Exhibitor prior to any freight being shipped to EXPO. All charges for freight, assembling, disassembling, shipping, handling and any other must be prepaid. If adjustments or additional charges are required at Show Close they will be charged to the enclosed Credit Card provided, unless Exhibitor disputes charges in writing. EXPO is not responsible for any damage or loss of your freight, please secure round trip insurance from your company insurance carrier.

ALL CHARGES:

All charges/costs requested by Exhibitor MUST be PAID IN FULL before services are rendered, and any adjustment and/or additional charges must be paid by Show Close. Such costs will be charged to Exhibitor's credit card provided unless prior arrangements have been made. All checks must be drawn on a U.S. bank, and there will be a minimum charge of \$39 for each NSF check written to EXPO.

ADJUSTMENTS:

Exhibitors are responsible for ensuring services are rendered as ordered prior to the Show opening. All requests for adjustments must be made on site prior to the Show's closing. EXPO will not be responsible for adjustments after the Show closes unless prior arrangements have been agreed to in writing by EXPO.

SALES TAX:

Applicable city, county and state sales tax will apply. If any Exhibitor is exempt from paying sales tax, it is the Exhibitor's responsibility to provide EXPO with its tax exempt number prior to beginning of show.

CANCELLATION POLICY:

In the event of a natural disaster, acts of God or terrorists, which result in the cancellation of this event, EXPO will be entitled to a fee equal to the percentage of work completed by EXPO. This percentage will be determined solely by EXPO. In the event the deposit received exceeds the percentage of work completed, EXPO will refund the excess deposit .

COLLECTION POLICY:

In the event this contract is turned over to an attorney for collection or dispute, EXPO will be entitled to reasonable attorney fees.

Return via fax 305-751-1298 or email info@expocci.com

We accept American Express, Visa, MasterCard and DiscoverCard for your convenience.

No checks will be accepted at show site.

| | | | | | |
|--|--|--|--|-----------|--|
| Exhibitor: | | Contact Name: | | Booth: | |
| Address: | | | | | |
| City: | | State: | | Country: | |
| Phone: | | Email: | | | |
| Credit Card Used For Payment: No.: | | | | Expires: | |
| Security Code: | | (The 3 numbers on back of card or for Amex the 4 numbers on the front) | | | |
| Billing Address for credit card: | | | | | |
| City: | | State: | | Zip Code: | |
| Credit Card Holder (Print Name as it appears on card): | | | | | |
| Card Holder Signature: | | | | | |

****Cardholder hereby authorizes EXPO to charge credit card described herein for all charges incurred by Exhibitor and has read, understands, and agrees to all forms in the exhibitor manual and agrees to pay all charges as described in Cardholder Agreement. All estimated charges must be paid in ADVANCE, AND a valid credit card must be on file with EXPO authorizing payment for modified and/or additional charges. All Charges must be paid by end of Show.

DISCOUNT DEADLINE:

THIS FORM IS TO BE FILLED OUT ONLY IF YOU HAVE HIRED A THIRD PARTY TO SET UP YOUR BOOTH.

THIRD PARTY PAYMENT CONDITIONS:

This form must be completed and signed by BOTH PARTIES and returned to EXPO prior to placing any orders. If there is any doubt which party is to be invoiced for a service, the exhibiting firm accepts responsibility for payment. The exhibiting firm is ultimately responsible for payment of all charges by show conclusion. If charges have been billed to the wrong party and EXPO was not provided with the completed Third Party Payment Policy prior to the order being placed, any refund must be settled between the exhibiting firm and third party.

PLEASE INDICATE WHICH ITEMS/SERVICES ARE TO BE INVOICED TO THE THIRD PARTY:

- All Expo Services
 Booth Cleaning
 Booth Labor
 Freight Handling
 Furniture/Carpet
 Other (Specify): _____

We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges incurred. In the event the third party named below does not make payment, such charges will be presented to the exhibiting firm, and exhibiting firm will make payment to Expo prior to the close of the show. (Signature required below.)

Authorized Firm Representative Signature: _____

We accept American Express, Visa, MasterCard and Discover Card for your convenience.

EXHIBITING COMPANY

| | | | | | |
|------------------------------------|--------|----------|--|----------|--|
| Exhibiting Company: | | | Booth #: | | |
| Address: | | | | | |
| City: | State: | Country: | Zip Code: | | |
| Email: | | | Contact/s: | | |
| Credit Card Used For Payment: No.: | | | | Expires: | |
| Security Code: | | | (The 3 numbers on back of card or for Amex the 4 numbers on the front) | | |
| Billing Address for credit card: | | | | | |
| City: | State: | Country: | Zip Code: | | |
| Credit Card Holder (Print Name): | | | Signature: | | |

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THIRD PARTY

| | | | | | |
|------------------------------------|--------|----------|--|----------|--|
| Third Party Company Name: | | | Booth #: | | |
| Address: | | | | | |
| City: | State: | Country: | Zip Code: | | |
| Email: | | | Contact/s: | | |
| Credit Card Used For Payment: No.: | | | | Expires: | |
| Security Code: | | | (The 3 numbers on back of card or for Amex the 4 numbers on the front) | | |
| Billing Address for credit card: | | | | | |
| City: | State: | Country: | Zip Code: | | |
| Credit Card Holder (Print Name): | | | Signature: | | |

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