



**Labor Order Form**

**EXHIBITOR/DH INFO.**

Exhibitor/DH: \_\_\_\_\_  
 Show: \_\_\_\_\_  
 Dates: \_\_\_\_\_  
 Conv. Center: \_\_\_\_\_

Booth # : \_\_\_\_\_ Booth Size: \_\_\_\_\_  
 Booth Type:  Island  Peninsula  Inline  
 Custom  Portable  System  
 Pad wrapped or  Crated

\* If multiple exhibits from a single display house please mark Multiple Exhibits/Display House's Name

**BILLING INFORMATION**

Co: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Credit Card Yes:  No:  Bill Note: \_\_\_\_\_

Notes: If Multiple Exhibits from a single Display House please give as much info as possible in the notes area

**SHOW RATES**

ST: \_\_\_\_\_ OT: \_\_\_\_\_ DT: \_\_\_\_\_

**ON -SITE SUPERVISOR**

Name: \_\_\_\_\_  
 Cell: \_\_\_\_\_

**INSTALLATION & DISMANTLE SCHEDULE**

(check one)	Date	Time	Number of Workers	Est. Hrs./ Worker	Additional Show Notes
<input type="checkbox"/> Install					
<input type="checkbox"/> Install					
<input type="checkbox"/> Dismantle					
<input type="checkbox"/> Dismantle					

**ADDITIONAL INFORMATION & EQUIPMENT NEEDS**

Prints Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Booth	Need:	Ladders-Number Required	Carpet	Pad
Hanging Sign? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Forklift	6 ft _____ 12 ft _____	Show Rental <input type="checkbox"/> <input type="checkbox"/>	
Electrical? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Genie lift	8 ft _____ 14 ft _____	NCS Rental # _____ <input type="checkbox"/> <input type="checkbox"/>	
Networking cables? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> J-Bar	10 ft _____ 16 ft _____	Exhibitor <input type="checkbox"/> <input type="checkbox"/>	
			Visquine? <input type="checkbox"/> Yes <input type="checkbox"/> No	

INBOUND FREIGHT		OUTBOUND FREIGHT		NCS OFFICE USE ONLY	
Target Date: _____	Time: _____	Ship To: _____		<b>Account Rep:</b>	
Carrier: _____				<b>Account Reps Cell:</b>	
Contact: _____				Yes No	
Phone: _____				<b>Labor only:</b>	<input type="checkbox"/> <input type="checkbox"/>
# Pieces: _____	Weight: _____	# Pieces: _____		<b>Yellow to follow:</b>	<input type="checkbox"/> <input type="checkbox"/>

\*All trade show orders must be signed and faxed with Display Labor Form and EAC Form found in the show book. *Thank you!*

Client Signature: \_\_\_\_\_ EAC Form:   
 Display Labor Form: