



CORPORATE OFFICE
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OHIO EXPO CENTER
Exhibitor Services Sign & Banner Rigging
Request Order Form C

Name of Event _____ Location _____
 Firm Name _____ Tel. No. _____
 Address _____ City _____ State _____ Zip _____
 Event # _____ Date _____
 Print Your Name _____ Signature _____

RIGGING INFORMATION

Set-up Date _____ Time _____ Take Down Date _____ Time _____
 Location of Hanging _____
 Type, Size, and Number of Hangings _____
 Special Instructions _____

RIGGING COST ESTIMATE

(RIGGING MATERIALS EXTRA)

Sign & Banner Hanging:

| Move-in: | Rate | # of Workers | Hours/Worker | Total |
|---------------------------------|----------|--------------|--------------|-------|
| Mon - Fri (1 hr minimum) | | | | |
| 8AM - 5PM | \$45/hr | _____ | _____ | _____ |
| 5PM - 12AM | \$50/hr | _____ | _____ | _____ |
| 12AM - 8AM | \$90/hr | _____ | _____ | _____ |
| Sat - Sun (1 hr minimum) | | | | |
| 8AM - 5PM | \$55/hr | _____ | _____ | _____ |
| 5PM - 12AM | \$65/hr | _____ | _____ | _____ |
| 12AM - 8AM | \$120/hr | _____ | _____ | _____ |
| Lifts | | | | |
| Scissor Lift | \$30/hr | _____ | _____ | _____ |
| Boom Lift | \$50/hr | _____ | _____ | _____ |

Add 30% to all orders not received at least two weeks prior to show date.

Total: _____

RULES:

- 1) No Exhibitors or Decorators are permitted to hang any material from OEC buildings.
- 2) A drawing for placement of signs or banners must be shipped with item for advanced rigging to EXPO SERVICES.

PAYMENT

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 _____
 Billing address _____
