

ACADEMY EXPO, 116 MARION ROAD, CINCINNATI, OH 45215
Phone (513) 772-1898 Fax (513) 322-4473



ADDITIONAL EQUIPMENT ORDER FORM

JANUARY 26 – 28, 2018 ~ Sharonville Convention Center

1. Complete & fax to (513) 322-4473 or to Jennifer's email: jbraun@academyexpo.com by the DEADLINE for discounted prices. Academy will email or fax a contract & charge slip to confirm receipt of your order. After the deadline, the higher Standard prices apply and the equipment is limited as indicated below.

PRE SHOW DISCOUNT DEADLINE – ORDER BY Friday, January 19, 2018

2. Your booth includes PIPE & DRAPE ONLY. Use this form to order equipment for your booth.

3. Complete the following area if you want to rent any equipment to be ADDED to your booth:

**After
Jan 19th
Deadline
PRICES**

EQUIPMENT	Discounted PRICES	QTY	\$ TOTAL	
8' x 30" Table, covered & skirted(show colors)	\$60.00	X		\$ 120.00
6' x 30" Table, covered & skirted(show colors)	\$50.00	X		\$ 100.00
6' or 8' TALL Table(40") cover/skirt(show colors)	\$70.00	X		\$ 140.00
30" Round Table with White Linen	\$40.00	X		N/A
30" Round TALL Table with White Linen	\$45.00	X		N/A
Any size, plain table (Indicate size:)	\$30.00	X		\$ 60.00
Folding Chair, black	\$ 6.00	X		\$ 12.00
Deluxe Convention Chair Padded, folding Grey	\$14.00	X		N/A
6' x 18" Table, covered & skirted (show colors)	\$50.00	X		N/A
4' x 24" Table, covered & skirted (show colors)	\$45.00	X		N/A
Carpet, per Single booth space- (show colors)	\$100.00	X		\$200.00
Carpet Padding, per Single booth space	\$45.00	X		\$ 90.00

(Show color skirting is BLACK with a WHITE table cover. Show color carpet is BLACK.)

4. Complete payment information, Credit Card Only, All Credit Cards Accepted:

Credit Card Type _____

Subtotal \$ _____

Card # _____

Tax (7%) \$ _____

Card Expiration Date _____

Total Due \$ _____

Card Billing Address, State & Zip _____

5. Complete information, sign & fax this form:

Your Company Name _____

Address _____

City/State/Zip _____

Phone # _____

Fax # _____

Contact Person _____

Email _____

YOUR BOOTH# _____

Signature _____ Date _____



116 Marion Road, Cincinnati, OH 45215
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www.academyexpo.com

FORK LIFT ORDER FORM

January 26th - 28th, 2018



Sharonville Convention Center

Fork Lift Deadline Date: Friday, January 19th, 2018

Please FAX completed form to 513-322-4473 or email to jbrown@academyexpo.com by Friday, Jan 19th, 2018

COMPANY NAME		BOOTH NUMBER		
ADDRESS				
CITY	STATE	ZIP		
PHONE	EMAIL			
PRICE LIST				
DESCRIPTION		Pre-Order PRICE	DESCRIPTION	
Fork Lift Rental Academy Operator must be used when ordering Fork Lift			Fork Lift Schedule Pre - order forklift rental for service during these hours only	
<u>1/2 Hour Minimum</u>			<u>Set-up</u>	
Fork Lift with Operator 1/2 Hour	\$ 50.00	Thursday, Jan 25	8am-6pm	
Fork Lift with Operator 1 Hour	\$ 100.00	Friday, Jan 26	8am-11am	
		<u>Teardown</u>		
		Monday, Jan 29	8am-1pm	
PLACE ORDER HERE				
DESCRIPTION	LENGTH OF TIME	DATE NEEDED	PRICE	TOTAL PRICE
Fork Lift Rental				\$
				\$
				\$
				\$
I Agree in placing this order that I have accepted Academy's Payment Policy and Academy's Terms & Conditions of Contract.			Total All Items Ordered	\$
			7% Rental Tax	\$
			Payment Enclosed	\$
Credit Card Type		Exp Date		
Credit Card Number				
Billing Address on Credit Card				
Authorized Signature	X			

MATERIAL HANDLING / DRAYAGE INSTRUCTIONS & CHECKLIST

_____ 1. You are responsible for contacting a carrier and scheduling your shipment to us. Shipments are NOT accepted at the show site, unless pre-scheduled with Academy. Drayage charges apply.

_____ 2. Clearly address each container to: **Academy Expo**
Greater Cincinnati Remodeling Expo 2018
"Your Name & Booth Number"
116 Marion Road, Cincinnati, OH 45215
Phone (513) 772-1898 Fax (513) 322-4473

_____ 3. Payment must be made by credit card. All Credit cards accepted.

_____ 4. Total number of containers (#): _____

_____ 5. Rates: \$ 1.00 per pound
(Minimum payment required \$25.00 for 1- 25 lbs.)
Total weight of packages shipped to Academy (lbs) : _____
Total amount due (\$): _____

_____ 6. Your Company Name: _____
Company Address: _____
Company City / State / Zipcode: _____
Phone Number: _____
E-MAIL: _____
Fax Number: _____
Contact Person: _____
Your Booth #: _____

_____ 7. **DEADLINE:** **All material must arrive on or before**
Friday, January 19th, 2018
Shipments received after the deadline will incur a \$125.00 late fee.

_____ 8. Academy will store & deliver your container(s) to your booth at the meeting site.
We are not responsible for any unpacking, repackaging, setup or breakdown of materials.

_____ 9. *** Affix your carriers PREPAID shipping return labels & our "Return Drayage Form" to your returning packages, then CALL your carrier to schedule a pickup from our warehouse on either **TUESDAY, JANUARY 30th or WEDNESDAY, JANUARY 31ST, 2018**

_____ 10. Fax this completed, signed form to # (513) 322-4473 with your credit card information:
CREDIT CARD TYPE _____ CREDIT CARD EXP DATE _____
CREDIT CARD # _____
NAME as it appears ON CARD _____
BILLING ADDRESS _____
BILLING STATE / ZIP _____

Person responsible for this information and its execution:

Name Title Date

Questions? Contact Jennifer Braun by phone# 513-772-1898 or email: jbrown@academyexpo.com



RETURN DRAYAGE FORM

MY COMPANY NAME _____

MY BOOTH # _____

MY RETURN PACKAGES ARE SHIPPING TO:

COMPANY _____

ATTN: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

of boxes returned _____

Approximate total weight _____

Name of Carrier _____

PLEASE attach your completed, **pre-paid shipping labels** to each of the packages you are returning, with **this form** and **call your carrier to schedule** pickup from Academy Expo.

****** Please be sure to complete this form and
attach it, with your pre-paid shipping labels,
to your boxes to ensure a prompt return.**

Questions? Contact Jennifer Braun by phone# 513-772-1898 or email: jbrown@academyexpo.com

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