

ACADEMY EXPO, 116 MARION ROAD, CINCINNATI, OH 45215

Phone (513) 772-1898 Fax (513) 322-4473

# HOUSE & OUTDOOR LIVING SHOW

## ADDITIONAL EQUIPMENT ORDER FORM

August 22<sup>nd</sup> -24<sup>th</sup>, 2025 ~ Sharonville Convention Center

**1.** Complete & fax to (513) 322-4473 or to Cindy's email: [critchie@academyexpo.com](mailto:critchie@academyexpo.com) by the DEADLINE for discounted prices. Academy will email a contract & charge slip to confirm receipt of your order. After the deadline, the higher prices in the last column will apply and some equipment will not be available, shown as N/A.

**PRE-SHOW DISCOUNT DEADLINE – ORDER BY Wednesday, August 13<sup>th</sup>, 2025**

**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:

<b>EQUIPMENT</b>	<b>Discounted PRICES</b>	<b>QTY</b>	<b>\$ TOTAL</b>	<b>After Deadline PRICES</b>
8' x 30" Table, covered & skirted (show colors)	\$90.00	X		\$ 180.00
6' x 30" Table, covered & skirted (show colors)	\$75.00	X		\$ 150.00
6' or 8' TALL table (40") cover/skirt (show colors)	\$105.00	X		N/A
30" Round Table with White Linen	\$65.00	X		N/A
30" Round TALL Table with White Linen	\$70.00	X		N/A
Any size, plain table ( <b>Indicate size:</b> )	\$45.00	X		\$ 90.00
Folding Chair, black	\$10.00	X		\$ 20.00
6' x 18" Table, covered & skirted (show colors)	\$75.00	X		N/A
4' x 24" Table, covered & skirted (show colors)	\$65.00	X		N/A
Waste can	\$15.00	X		N/A

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

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

Credit Card Type \_\_\_\_\_

Card # \_\_\_\_\_

Card Expiration Date \_\_\_\_\_ CVV# \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Billing Address, State & Zip \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

Tax (7.8%) \$ \_\_\_\_\_

3.99% CC Fee \$ \_\_\_\_\_

**Total Due** \$ \_\_\_\_\_

**5.** Complete information, sign & fax this form:

Your Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

**YOUR BOOTH#** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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www.academyexpo.com

## FORK LIFT ORDER FORM

August 22nd - 24th, 2025

# HOUSE & OUTDOOR LIVING SHOW

Sharonville Convention Center

Fork Lift Deadline Date: Weds., August 13th, 2025

Please FAX completed form to 513-322-4473 or email to [critchie@academyexpo.com](mailto:critchie@academyexpo.com) by Wed., August 13h, 2025

COMPANY NAME	BOOTH NUMBER	
ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL	

### PRICE LIST

DESCRIPTION	Pre-Order PRICE	DESCRIPTION
<b>Fork Lift Rental</b> Academy Operator must be used when ordering Fork Lift		<b>Fork Lift Schedule</b> 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	\$ 85.00	Wednesday, August 20th, 1pm-5pm
Fork Lift with Operator 1 Hour	\$ 170.00	Thursday August 21st 8am-6pm
		Friday, August 22nd, 9am-12pm
<u>1 Hour Minimum</u>		<u>Teardown</u>
Fork Lift with Operator Sunday 8/24	\$225.00	Sunday August 24th 5pm-8pm
		Monday, August 25th, 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			All Items Ordered	\$
			3.99% Credit Card Fee	
			7.8% Rental Tax	\$
			Total Payment	\$

Credit Card Type	Exp Date
Credit Card Number	CVV#
Name on Card	
Billing Address on Credit Card	
Authorized Signature	X

# HOUSE & OUTDOOR LIVING SHOW

## 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 prescheduled with Academy. Drayage charges apply.

\_\_\_\_\_ 2. Clearly address each container to: **Academy Expo**  
**House & Outdoor Living Show 2025**  
**"Your Name & Booth Number"**  
116 Marion Road, Cincinnati, OH 45215  
Phone (513) 772-1898 Fax (513) 322-4473

\_\_\_\_\_ 3. Payment by credit card only. All Credit cards accepted.

\_\_\_\_\_ 4. Total number of containers (#): \_\_\_\_\_

\_\_\_\_\_ 5. Rates: \$ 1.25 per pound

(Minimum payment required \$50.00 for 1- 40lbs.)

Total weight of packages shipped to Academy (lbs.): \_\_\_\_\_

Tax (7.8%) \_\_\_\_\_

3.99% Credit Card Convenience Fee \_\_\_\_\_

Total amount due (\$): \_\_\_\_\_

\_\_\_\_\_ 6. Your Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City / State / Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Your Booth #: \_\_\_\_\_

\_\_\_\_\_ 7. **DEADLINE:** **All material must arrive on or before**

**Wednesday, August 13<sup>th</sup>, 2025**

**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, August 26<sup>th</sup> or WEDNESDAY, August 27<sup>th</sup>, 2025.

\_\_\_\_\_ 10. Fax this completed, signed form to # (513) 322-4473 with your credit card information:

CREDIT CARD TYPE \_\_\_\_\_ CREDIT CARD EXP DATE \_\_\_\_\_ CVV# \_\_\_\_\_

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 Cindy Ritchie by phone# 513-772-1898 or email: [critchie@academyexpo.com](mailto:critchie@academyexpo.com)

# HOUSE & OUTDOOR LIVING SHOW

## RETURN DRA YAGE 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 Cindy Ritchie by phone# 513-772-1898 or email: [critchie@academyexpo.com](mailto:critchie@academyexpo.com)

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