

FREEMAN

1601 Boice Pond Road
Orlando, FL 32837
(407) 816-7900 • Fax: (469) 621-5605

**DISCOUNT PRICE
DEADLINE DATE
JANUARY 15, 2020**

INCLUDE THE FREEMAN METHOD OF PAYMENT FORM WITH YOUR ORDER

NAME OF SHOW: ASCO-SITC-Clinical Immuno-Oncology Symposium / February 06 - 08, 2020
 COMPANY NAME _____ BOOTH #: _____
 CONTACT NAME: _____ PHONE #: _____
 E-MAIL ADDRESS _____

For Assistance, please call 407-816-7900 to speak with one of our experts.

For fast, easy ordering, go to www.freeman.com

DISPLAY LABOR (One Hour Minimum per Worker)

Description	Advance Price	Show Site Price
Straight Time- 8:00 A.M. to 4:30 P.M. Monday through Friday.....	\$ 111.00	\$155.50
Overtime- 6:00 A.M. to 8:00 A.M. and 4:30 P.M. to 12:00 Midnight Monday through Friday		
6:00 A.M. to 12:00 Midnight Saturday and Sunday	\$ 166.50	\$233.25
Double Time- 12:00 Midnight to 6:00 A.M. and recognized holidays.....	\$ 222.00	\$311.00

- Show Site prices will apply to all labor orders placed at show site.
- Price is per person/per hour.
- Start time guaranteed only at start of working day.
- One hour minimum per person - labor thereafter is charged in half (1/2) hour increments.
- Labor must be canceled in writing, 24 hours in advance to avoid a one (1) hour cancellation fee per worker.
- When scheduling dismantle labor, be sure to allow sufficient time for empty containers to be returned to your booth.
- Freeman supervised jobs will be completed at our discretion prior to show opening and before the hall must be cleared. **Please include setup plan/photo, special instructions & inbound shipping information with this order.**

INSTALLATION LABOR

- Freeman Supervised Labor - Please complete the reverse side of this form.**
- Installation of your exhibit will be completed at our discretion prior to show opening.
 - The charge for this service is 30% of the total installation labor bill, with a minimum of \$45.00.

Emergency contact: _____ Phone Number: _____

- Exhibitor Supervised Labor (Supervisor must check in at Service Desk to pick up labor)**

Supervisor will be: _____ Phone Number: _____

Date	Start Time	No. of People	Approx. Hrs. per Person	Total Hrs.	Hourly Rate	Estimated Total Cost
_____	_____	_____	x _____ = _____	_____	@ \$ _____ = \$ _____	_____
_____	_____	_____	x _____ = _____	_____	@ \$ _____ = \$ _____	_____
_____	_____	_____	x _____ = _____	_____	@ \$ _____ = \$ _____	_____
Freeman Supervision (30%/\$45.00)						= \$ _____
Tax (6.5%)						= \$ _____
Total Installation						= \$ _____

DISMANTLE LABOR

- Freeman Supervised Labor - Please complete the reverse side of this form.**
- Freeman is not responsible for product or literature that is not properly packed and labeled by exhibitor.
 - The charge for this service is 30% of the total dismantle labor bill, with a minimum of \$45.00.

Emergency contact: _____ Phone Number: _____

- Exhibitor Supervised Labor (Supervisor must check in at Service Desk to pick up labor)**

Supervisor will be: _____ Phone Number: _____

Date	Start Time	No. of People	Approx. Hrs. per Person	Total Hrs.	Hourly Rate	Estimated Total Cost
_____	_____	_____	x _____ = _____	_____	@ \$ _____ = \$ _____	_____
_____	_____	_____	x _____ = _____	_____	@ \$ _____ = \$ _____	_____
_____	_____	_____	x _____ = _____	_____	@ \$ _____ = \$ _____	_____
Freeman Supervision (30%/\$45.00)						= \$ _____
Tax (6.5%)						= \$ _____
Total Dismantle						= \$ _____

FREEMAN installation & dismantle

NAME OF SHOW: ASCO-SITC-Clinical Immuno-Oncology Symposium / February 06 - 08, 2020

COMPANY NAME: _____ BOOTH#: _____

CONTACT NAME: _____ PHONE#: _____

FREEMAN SUPERVISED LABOR

IN ORDER TO BETTER SERVE YOU - PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOUR DISPLAY IS TO BE SET-UP AND/OR DISMANTLED BY FREEMAN I&D AND YOU WILL NOT BE PRESENT TO SUPERVISE THE INSTALLATION AND/OR DISMANTLE.

INBOUND SHIPPING & SET UP INFORMATION

Freight will be shipped to Warehouse _____ Show Site _____ Date Shipped _____

Total No. of: _____ Crates _____ Cartons _____ Fiber Cases _____

Setup Plan/Photo: Attached _____ To Be Sent With Exhibit _____ In Crate No. _____

Carpet: With Exhibit _____ Rented From Freeman _____ Color _____ Size _____

Electrical Placement: _____ Drawing Attached _____ Drawing With Exhibit _____ Electrical Under Carpet _____

Comments: _____

Graphics: With Exhibit _____ Shipped Separately _____

Comments: _____

Special Tools/Hardware Required: _____

OUTBOUND SHIPPING INFORMATION

SHIP TO: _____

Select a Carrier:

Freeman Exhibit Transportation: **Other Carrier:**

No need to schedule your outbound shipment. Carrier Name: _____

Charges will appear on your Freeman invoice. Carrier Phone: _____

Freeman will make arrangements for all Freeman Exhibit Transportation shipments.

Arrangements for pick-up by other carriers is the responsibility of the exhibitor.

Select Level of Service:

1 Day: Delivery next business day Standard Ground

2 Day: Delivery by 5:00 PM second business day Specialized: Pad wrapped, uncrated or truckload

Deferred: Delivery within 3-5 business days

Freight Charges:

Same as ship to

Bill To: _____

Select Shipment Options (if applicable)

Have loading dock Lift gate required

Inside delivery Air ride required

Pad wrap required Residential

Do not stack

In the event your selected carrier fails to show on final move-out day, please select one of the following options:

Re-route via Freeman's choice

Deliver back to the warehouse at exhibitor's expense

FREEMAN installation & dismantle