

ALL PRICES INCREASE BY 50% ON MOVE-IN AND/OR SHOW DAYS. PLEASE PREORDER.

| Quantity | Table Size | Advance Rate | | Skirt Color | Floor Rate | | Table Subtotal |
|----------|------------------|-----------------|------------------|-------------|--------------|------------------|----------------|
| | | Cost Un-Skirted | Move-in Day Cost | | Cost Skirted | Move-in Day Cost | |
| _____ | 21/2' x 4' x 30" | \$18.00 | \$27.00 | _____ | \$40.00 | \$60.00 | \$ _____ |
| _____ | 21/2' x 6' x 30" | \$18.00 | \$27.00 | _____ | \$40.00 | \$60.00 | \$ _____ |
| _____ | 21/2' x 8' x 30" | \$18.00 | \$27.00 | _____ | \$40.00 | \$60.00 | \$ _____ |
| _____ | 21/2' x 4' x 42" | \$18.00 | \$27.00 | _____ | \$40.00 | \$60.00 | \$ _____ |
| _____ | 21/2' x 8' x 42" | \$18.00 | \$27.00 | _____ | \$40.00 | \$60.00 | \$ _____ |

Table skirting colors: White, Black, Red, Blue, Silver, Burgundy, and Hunter Green

| Quantity | Audio/Visual | Days | Price | Move-in Day Cost | A/V Subtotal |
|----------|-----------------------|-------|--|--------------------|--------------|
| _____ | DSL Line | _____ | \$170 (1st Day)/\$85 (each day after) | \$255 (1st Day) | \$ _____ |
| _____ | DSL Line (High Speed) | _____ | \$200 (1st Day)/\$125 (each day after) | \$300 (1st Day) | \$ _____ |
| _____ | Restricted Phone Line | _____ | \$120 (1st Day)/\$60 (each day after) | \$180 (1st Day) | \$ _____ |
| _____ | TV (32" Flat Screen) | _____ | \$75/per day | \$112.50 (1st Day) | \$ _____ |
| _____ | TV (46" Flat Screen) | _____ | \$100/per day | \$150 (1st Day) | \$ _____ |

| Quantity | Furniture | Price for each | Move-in Day Cost | Furniture Subtotal |
|----------|---------------------|----------------|------------------|--------------------|
| _____ | Tall Cocktail Table | \$18.00 | \$27.00 | \$ _____ |
| _____ | High Backed Stools | \$20.00 | \$30.00 | \$ _____ |
| _____ | Waste Basket | \$5.00 | \$7.50 | \$ _____ |
| _____ | Easel | \$10.00 | \$15.00 | \$ _____ |
| _____ | 8' x 10' | \$50.00 | \$75.00 | \$ _____ |

(Includes taping front edge only)

| Quantity | Electrical | Cost | Move-in Day Cost | Electrical Subtotal |
|----------|------------------------------|---------|------------------|---------------------|
| _____ | 110 volt AC outlet (20 amps) | \$65.00 | \$97.50 | \$ _____ |

Larger amps are available, please call (608) 789-7400

| Labor Rates | | | Labor Subtotal |
|-----------------------------------|---|--------------------------------------|----------------|
| \$45.00 per person-minimum 1 hour | \$60.00 forklift and operator per hour-minimum 1 hour | \$50.00 per banner hung from Catwalk | |

Work Authorization-We will require labor according to the following schedule:

| | # of Workers | Date | Time | Approx. hours |
|-----------------------------|--------------|------|------|---------------|
| Labor to Set up Display | | | | |
| Labor to Dismantle Display | | | | |
| Forklift move-in | | | | |
| Forklift move-out | | | | |
| Banner(s) hung from Catwalk | | | | |

Note: Forklift will be set up on a time schedule at the service desk. All work is done **only** under the supervision of the Exhibit Representative.

Set-Up: Number of workers _____ X Hrs. _____ X Rate (\$45.00) = \$ _____
 Dismantle: Number of workers _____ X Hrs. _____ X Rate (\$45.00) = \$ _____
 Load - in: Forklift hours _____ X Rate (\$60.00) = \$ _____
 Load - out: Forklift hours _____ X Rate (\$60.00) = \$ _____
 Shipment Handling Fee: Receiving and transporting to and from booth = \$30.00
 Banners: Number of Banners _____ X Rate (\$50.00)=\$ _____

Labor Subtotal

\$ _____

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Cancellations NOT Refundable within Five days of Show. Please make checks (U.S. currency only)

Payable to: La Crosse Center, 300 Harborview Plaza, La Crosse, WI 54601

Email: office@lacrossecenter.com

Phone: 608-789-7400

All Subtotal \$ _____

5.5 % tax* \$ _____

Total Cost \$ _____

There is a \$35.00 Charge for Returned Checks.

Tax-exempt certificates must be sent with payment

Name of Show: _____ Show Date: ____/____/____ Booth Number: _____

Company Name: _____ Phone Number: ____/____/____

Representative Name: _____ Address: _____

City/State: _____ Zip Code: _____ Signature on Card: _____

>>>>>Do not email credit card payment<<<<<<

>>>All Credit Card Payments must be phoned in, mailed in, or paid in person<<<<

Please mail original form with payment

Effective February 14, 2022