## **LABOR ORDER FORM**

		LAB		JR OF		DER F		IRM		
		ORDER ONL	INE	AND SAVE	Tŀ	IE 8% ADMIN	IIST	RATIVE FEE	!	
isplay Labor								per person/		r hour
e crafismen crate, uncrated materials, set-up and dismantle exhibits RAIGHT TIME 8:00am to 4:30pm, Monday - Friday					<b>ADVA</b> \$92.0		PRICE SHOW	/SIT	<b>E PRICE</b> \$138.00	
/ERTIME 8:00am to 4:30pm, Saturday & Sunday						\$92.0 \$138.0				\$207.00
4:31pm to 11:59pm, Monday - Sunday OUBLE TIME 12:00am - 7:59am, Monday - Sunday & all Holidays						\$184.0	00			\$276.00
OUBLE TIME 12:00am - 7:59am, Monday - Sunday & all Holidays <b>Fwo Hour Minimum per Laborer</b>								Pricing Deadline:	Fric	lay, September 1, 2023
		juested for the st	art	of a working day	(8:	00am). Labor m	ust b	be cancelled 72 h	our	s in advance of start ti
d estimated labor cha	arges.		INS	STALLATION	L	ABOR				
		abor - Installation o					n prio	or to show opening. 1	The (	charge for this service is 3
the total installati ergency Contact:	on labor bill, or a minin	num of \$60.00				Phone:				
splay Contact:						Phone:				
	ervised Labor - Supe	rvisor must check is	n əf	the Demore Service	Dec					
pervisor Contact:		a visor must check-li	al	and Demicia Service	562	Phone:				
	Ctart	No of								Estimated
Date	Start Time	No. of Laborers	X	Approx. Hrs Per Laborer	=	Total Hours	@	Hourly Rate	=	Total Cost
			×		=		@		=	
			×		=		@		=	
		I		D	EM	IERS Supervision	30%	or \$60.00 Minimu	m	
								8.00% Admin Fe	e	
								Tota	al	
			פוס	SMANTLE LA	۱B	OR			L	
Demers Expos	ition Supervised La lation labor bill, or a mi	abor - Dismantle of					at the	e close of the show.	The	charge for this service is 3
ergency Contact:						Phone:				
play Contact:						Phone:				
Exhibitor Supe	ervised Labor - Supe	rvisor must check-i	n at i	the Demers Service	Des	k to pick-up labor.				
pervisor Contact:						Phone:				
Date	Start Time	No. of Laborers	x	Approx. Hrs Per Laborer	=	Total Hours	@	Hourly Rate	=	Estimated Total Cost
			×		=		@		=	
			×		=		@		=	
L				D	EM	IERS Supervision	30%	or \$60.00 Minimu	m	
								8.00% Admin Fe	e	
Company Name:						Booth# (if kno	wn):	:		
Address:						Phone:				
City/State/Zip:						Date:				
Authorized by:						Signature:				
E-mail:						Ŭ				
mail.										

DES-DEMERS EXPOSITION SERVICES, INC. - 151a Park Ave - East Hartford, CT 06108 860.882.0003 - Fax 860.579.3976 - Email info@demersexpo.com www.demersexpo.com



## EANING ORDER FORM $(\mathbf{H})$

Vacuuming of booth carpet per booth space @ \$80.00 per day; service includes general booth vacuuming prior to the opening of the show on each day requested.

	VACUUMING								
Description	Date Requested	No. of Booths	х	Rate per Day	=	Estimated Total Cost			
Vacuuming			x	\$80.00	=				
Vacuuming			x	\$80.00	=				
Vacuuming			×	\$80.00	=				
Vacuuming			×	\$80.00	=				
Order On	e								

Total

BULK SPACE VACUUMING (AREA OVER 600 SQ FT)										
Description	Date Requested	Booth Di		ensions W	- =	TTL SQ FT	x	\$0.41	=	Estimated Total Cost
Vacuuming			×		=		×	\$0.41	=	
Vacuuming			×		=		×	\$0.41	=	
Vacuuming			×		=		x	\$0.41	=	
Vacuuming			×		=		X	\$0.41	=	
Order Online and save the 8% Administrative Fee! 8.00% Admin Fee										

Total

Porter service per booth space @ \$80.00 per day; service includes emptying of trash cans replacement of trash can liners and disposal of trash in your booth space.

	PORTER SERVICE									
Description	Date Requested	No. of Booths	х	Rate per Day	=	Estimated Total Cost				
Porter Service			х	\$80.00	=					
Porter Service			х	\$80.00	=					
Porter Service			х	\$80.00	=					
Porter Service			х	\$80.00	=					
Order C										

Order Online and save the 8% Administrative Fee!

Total

BULK SPACE PORTER SERVICE (AREA OVER 600 SQ FT)										
Description	Date Requested	Booth L	Dime X	ensions W	- =	TTL SQ FT	х	\$0.41	=	Estimated Total Cos
Porter Service			X		=		X	\$0.41	=	
Porter Service			X		=		x	\$0.41	=	
Porter Service			x		=		X	\$0.41	=	
Porter Service			x		=		x	\$0.41	=	
	Order C	Online and s	ave th	ne 8% Admir	nistra	ative Fee! 8.0	0%	Admin Fe	e	

Order Online and save the 8% Administrative Fee!

Total

Company Name:	Booth# (if known):
Address:	Phone:
City/State/Zip:	Date:
Authorized by:	Signature:
E-mail:	

