VISION EXPO		Allied Universal Even	d Universal Event Services Exhibitor Booth Coverage Order F Vision Expo West Venetian Expo September 19-21 , 2024				
Allied Universal Ev individual bootha b	yond the level arranged by Show Management.	Please direct inquires and ord FED 545 VERSAL SERVICES	Ilied Universal Event Services 5 Garden Grove Blvd., Suite 600 Garden Grove, CA 92683 Tel 702.262.7851 Email: drew.hicks@aus.com		отн #		
EXHIBITOR INFORMATION Full Payment is due on the estimated total cos acceptance of order. Payments will be accept Email Order Requests to: Drew Hicks drew.hicks@aus.com Complete/update your company information below. Please type or print clearly		be accepted in the form of:	ed in the form of: Credit Gard, check or money order Mr. Al S4 Please enclose a c		fail Checks to: Illied Universal Event Services 455 Garden Grove Blvd., Suite 600 Garden Grove, CA 92683 copy of the booth order form to allow accounting operly allocate the payment.		
COMPANY NAME			COMPANY CONTACT FOR BILLING PURPOSES				
STREET ADDRESS			CITY		STATE	ZIP	
PHONE FAX ONSITE NAME/PHONE			WEB ONSITE NAME/PHONE		EMAIL ONSITE NAME/PHONE		
ONSITE NAME/PHO			IE/PHONE ontract when accepted by Staff Pro Inc.	UNS	TTE NAME/PHONE		
Full payment of the booth order fees must be received within 14 days of the completed Exhibitor Booth Coverage Order Contract. If placed on a wait list your payment will be held. Any additions to the order will be billed to client via US Postal unless otherwise instructed on this contract. All orders submitted without a deposit will not be processed and coverage will not be provided until payment is received. Important: Exhibitor hereby irrevocably and unconditionally authorizes Allied Universal Event Services to automatically charge Total Deposit upon acceptance of contract on or before services begin.		informat - - - - - - - -	lest booth orders will receive a cred ion on this form. In the case your co f this authorization is for a deposit, harge the balance due at the end of Yes A 5% service fee	would you like Staff P the event?	e billed post event,	please mark the box below.	
Booth Staff: Booth Staff: HOURS REQUESTED		ied to all orders re	aceived PRIOR to the first sho aceived ON OR AFTER THE Fil to for deployment	-			
	[rm that breaks out total # of Shifts Requested Overnight Booth Watch Coverage		Radio fee of \$20/radio per day all personnel covering your booth.			
11:00 F	Y/N 11:00 PM - 7:00 AM 7:00 AM - 3:00 PM		Shift Times 6:00 PM - 1:30 AM 1:30 AM - 9:00 AM		Total Hours Applied Rate	\$	
	M - 11:00 PM						
Please indicate start date and end time below		Pi Load In	Please cirlce date(s) needed below Load In 9/17 9/18		Radio Charge \$		
Start Date:		Days: Show Days:	9/19 9/20 9/21	5%	Subtotal 6 Credit Card Fee	\$	
End Date:		Load Out Days:	9/22 9/23	Es	(if applicable) timated Total Due With Order	\$\$	
* Any requested start time outside c	f the above mentioned shift time	es will result an an ov	rertime charge of 1.5 times the appli			iff remain until a company es onsite? Please check one	
					YES	AUES personnel will walk off at	
					, NO	end time	