

BOOTH FURNISHING RENTAL FORM

OFFICE USE ONLY

DISPLAYS UNLIMITED LLC
 TRADE SHOW & CONVENTION SERVICES
 P. O. BOX 4297 WEST COLUMBIA SC 29171
 1141 SILSTAR RD WEST COLUMBIA SC 29170
 803-926-5300 FAX 803-926-5500

MAILING ADDRESS
SHIPPING ADDRESS

CHECK#: _____
 DATE PAID: _____

SHOW: **SC MUSIC EDUCATORS ANNUAL CONFERENCE**
 SHOW DATE: **FEB 2-4, 2012** BOOTH NO: _____
 COMPANY NAME: _____
 ADDRESS: _____ CITY, STATE, ZIP: _____
 ORDERED BY: _____ PHONE #: _____

DISPLAY TABLES ONLY

_____ 4FT X 2FT WIDE 25.00 _____
 _____ 6FT X 2FT WIDE 25.00 _____
 _____ 8FT X 2FT WIDE 30.00 _____

DISPLAY TABLES W/SKIRTING

_____ 4FT X 2FT WIDE 55.00 _____
 _____ 6FT X 2FT WIDE 55.00 _____
 _____ 8FT X 2FT WIDE 60.00 _____
 _____ 4TH SIDE DRAPED 20.00 _____

circle skirt color: includes white vinyl top
 blue red white black burgundy plum orange berry
 green gray beige gold teal dusty rose purple navy
 lt blue

COUNTER HIGH TABLES W/SKIRTING

_____ 4FT X 2FT X 42" H 65.00 _____
 _____ 6FT X 2FT X 42" H 65.00 _____
 _____ 8FT X 2FT X 42" H 70.00 _____
 _____ 4TH SIDE DRAPED 20.00 _____

circle skirt color: includes white vinyl top
 blue red white black teal plum
 green burgundy gold gray orange

ACCESSORIES

_____ FOLDING CHAIR 5.00 _____
 _____ ARM CHAIR 20.00 _____
 _____ COUNTER-HI CHAIR 25.00 _____
 _____ WOODEN STOOL 15.00 _____
 _____ METAL EASEL 15.00 _____
 _____ TICKET BOX (PURC) 12.00 _____
 _____ FLOOD LIGHT 15.00 _____
 _____ WASTEBASKETS 8.00 _____
 _____ BAG STANDS 20.00 _____
 _____ GRID WALL 2'X6' 25.00 _____
 _____ GRID W/LEGS 30.00 _____

CARPET

_____ 10 x 10 60.00 _____
 _____ 10 x 20 120.00 _____
 _____ 10 x 30 180.00 _____

circle carpet color:
 gray red blue black green

ADDITIONAL CURTAINS

_____ 8FT SIDE CURTAINS @30.00 EA _____
 _____ 3FT SIDE CURTAINS @20.00EA _____

circle curtain color:
 blue red white black beige gray green
 burgundy teal purple brown gold yellow

ALL PAYMENTS MUST BE INCLUDED WITH ORDER.		
ORDERS MUST BE RECEIVED 5 DAYS PRIOR TO SHOW.		
FLOOR ORDERS ARE SUBJECT TO 30% INCREASE.		
ADD 3% FOR CREDIT CARD ORDERS		

SUBTOTAL:
7% TAX:
3% CC fee:
Total:

**** Tabletop and floor unit displays are available for rent. Please call.**

DISPLAYS UNLIMITED LLC

P O BOX 4297

WEST COLUMBIA SC 29171

OFC#803-926-5300

FAX#803-926-5500

SHIPPING ADDRESS

1141 SILSTAR RD

WEST COLUMBIA SC 29170

EMAIL:du@displaysunlimited.net

CREDIT CARD FORM

Please complete the form if you are using our services. This will protect your exhibiting representative from being responsible for personally covering any additional charge that may be incurred at the event. Credit will be issued only if form is returned prior to show. No services can be provided without advance payment in full or completion of this credit card form. Credit card information is required for any freight, additional services or rentals ordered at show site or freight service after show. At conclusion of show a receipt will be sent to you reflecting all charges and payments. **Add 3% for Credit Card Orders.**

Please circle the card being used:

MASTERCARD

VISA

AMERICAN EXPRESS

DISCOVER

Name on card: _____(Please print)

Card #: _____ Expiration date: _____

Signature: _____

Show: **SC MUSIC EDUCATORS**

Show Date: **FEB 2-4, 2012** Booth # _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____ Fax # _____

Ordered by: _____

OFFICE USE ONLY

Services

Sub Total: \$ _____

7% Sales Tax: _____

3% Credit Card Fee : _____

_____:

Total: _____

Date Charged: _____

DISPLAYS UNLIMITED LLC

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EMAIL ADDRESS: du@displaysunlimited.net

FREIGHT SERVICE FORM

PLEASE RETURN THIS FORM TO DISPLAYS UNLIMITED WITH PAYMENT

EVENT: **SC MUSIC EDUCATORS** DATE: **FEB 2-4, 2012**

COMPANY NAME: _____ BOOTH #: _____

REPRESENTATIVE: _____ PHONE#: _____

ADDRESS: _____

FREIGHT CARRIER: _____

OF PCS: _____ WEIGHT: _____ DATE SHIPPED: _____

TOTAL PAYMENT: _____ (MINIMUM \$140.00)

SHIP TO: **DISPLAYS UNLIMITED LLC**
1141 SILSTAR RD
WEST COLUMBIA SC 29170
EVENT NAME: _____
BOOTH#: _____
COMPANY NAME: _____

OFFICE USE:
DATE PAID: _____
AMOUNT PAID: _____
TYPE PAYMENT: _____

1. SHIPMENTS CAN BE RECEIVED AT WAREHOUSE TWO WEEKS PRIOR TO SHOW. THIS SERVICE INCLUDES RECEIVING AT OUR WAREHOUSE UNLOADING FROM MOTOR CARRIER, STORAGE AT WAREHOUSE, DELIVERY FROM OUR WAREHOUSE TO CONVENTION SITE, EMPTY CRATE STORAGE, DELIVERY OF CRATES AFTER SHOW TO BOOTH AND DELIVERY FROM BOOTH TO DESIGNATED VEHICLE FOR OUTBOUND.

2. LOOSE MATERIAL AND UNCRATED SHIPMENTS WILL NOT BE ACCEPTED AT WAREHOUSE.

3. BILL OF LADING FOR OUTBOUND WILL BE AVAILABLE AT END OF SHOW.

4. IT IS EXHIBITORS SOLE RESPONSIBILITY TO LABEL EACH PIECE OF OUTBOUND SHIPMENT AND SUBMIT TO DISPLAYS UNLIMITED A COMPLETED BILL OF LADING COVERING EACH OUTBOUND SHIPMENT.

5. DISPLAYS UNLIMITED WILL NOT BE RESPONSIBLE FOR CONCEALED DAMAGE, MATERIAL INADEQUATELY PACKED OR FOR DAMAGE TO UNCRATED, UNSKIDDED OR LOOSE MATERIALS, DAMAGE OR LOSS FROM ANY CAUSE AT ANY TIME AFTER DELIVERY TO BOOTH.

6. ALL SHIPMENTS SHOULD BE INSURED BY THE EXHIBITOR FROM THE TIME IT LEAVES HIS FIRM UNTIL IT IS RETURNED FROM SHOW.

7. **SHIPMENTS BY WHATEVER MEANS OF TRANSPORTATION MUST BE PREPAID.**

8. **PAYMENT FOR FREIGHT HANDLING MUST BE PAID IN ADVANCE OF SHOW.**

9. **NO COLLECT SHIPMENTS WILL BE ACCEPTED**

10. **FREIGHT DELIVERED TO WAREHOUSE AFTER DEADLINE DATE **1/27/12** WILL BE REFUSED.**

RATES:
\$70.00 PER 100 LBS CWT
\$140.00 MINIMUM CHARGE

ADDITIONAL CHARGES: \$10.00 EA
TAPING - STRAPPING
SHRINK WRAPPING - LABELING

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LABOR ORDER FORM

IN THE INTEREST OF PROMPT AND EFFICIENT PROCESSING OF EXHIBITORS LABOR REQUIREMENTS, IT IS URGED THAT ADVANCE NOTICE BE PROVIDED BELOW.

STARTING TIME CAN BE GUARANTEED ONLY IN THOSE INSTANCES WHERE LABOR IS REQUESTED FOR THE START OF THE WORKING DAY, WHICH IS 8:00AM.

WHILE EVERY ATEMPT WILL BE MADE TO PROVIDE LABOR AT A TIME REQUESTED SUBSEQUENT TO 8:00AM, SUCH STARTING TIME MUST BE APPROXIMATE, SINCE EMPLOYEES ARE ASSIGNED TO JOBS AT THE START OF THE DAY AND IT IS IMPOSSIBLE TO GAUGE EXACT TIME OF COMPLETION OF FIRST JOB ASSIGNMENTS.

ALL WORK IS DONE UNDER THE SUPERVISION OF THE EXHIBITOR OR HIS REPRESENTATIVE WHO HAS THE RESPONSIBILITY OF OVERSEEING THE PERFORMANCE OF LABOR PROVIDED THE SERVICE DESCRIBED HEREIN IS THAT OF PROVIDING A POOL OF APPROPRIATE PERSONNEL.

WORK CAN BE DONE UNDER THE DIRECTION OF DISPLAYS UNLIMITED SUPERVISOR @60.00 PER HOUR.

LABOR RATES PER MAN

STRAIGHT TIME \$50.00 PER HOUR-----OVERTIME \$75.00 PER HOUR

STRAIGHT TIME RATES PREVAIL FROM 8:00AM TO 5:00PM, MONDAY THROUGH FRIDAY. OVERTIME RATES WILL BE IN EFFECT AFTER 5:00PM AND PRIOR TO 8:00 AM DAILY AND ALL DAY SATURDAYS, SUNDAYS AND HOLIDAYS.

YOU ARE NOT REQUIRED TO USE THIS LABOR

WORK AUTHORIZATION

WE WILL NEED _____ LABORERS TO WORK UNDER THE SUPERVISION OF _____ TO ASSIST IN THE INSTALLATION OF OUR EXHIBIT.

WE WILL NEED _____ LABORERS TO WORK UNDER THE SUPERVISION OF _____ TO ASSIST IN THE DISMANTLE OF OUR EXHIBIT.

MINIMUM CHARGE: ONE HOUR PER PERSON

LABOR AND SERVICES ORDERED ON BEHALF OF EXHIBITORS BY DISPLAY BUILDERS OR OTHER THIRD PARTIES MUST BE AUTHORIZED IN A LETTER FROM EXHIBITORS. PAYMENT FOR ALL LABOR SERVICES WILL BE THE RESPONSIBILITY OF THE EXHIBITORS.

PLEASE ESTIMATE PAYMENT

OF MEN X # OF HOURS X DOLLOR RATE = INSTALLATION _____

OF MEN X # OF HOURS X DOLLAR RATE = DISMANTLING _____

TOTAL _____

SC MUSIC EDUCATORS FEB 2-4, 2012

EXHIBITOR: _____ BOOTH#: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE #: _____ FAX #: _____

SIGNATURE: _____

AMOUNT PAID: \$ _____

CHECK OR CREDIT CARD : _____

DATE: _____

DISPLAYS UNLIMITED LLC

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(Telephone) 803-926-5300 (Fax) 803-926-5500 EMAIL: du@displaysunlimited.net

EXHIBIT PANEL RENTAL FORM

OPTION A: TRI-PANEL TABLETOP UNIT \$90.00

1-BLACK/BLUE 39", 1-BLACK/GRAY 39",
1-BLUE/GRAY 46", 1-BLACK/CHARCOAL 46"
1-BURGUNDY/BURGUNDY 39", 1-BLUE/BLUE 39"
1-BLUE/GREY 39"

OPTION B: PEGBOARD \$90.00

4'X8' PEGBOARD

OPTION C: PINBOARD FLOOR UNIT \$90.00

4'x8' GRAY PINBOARD W/BLACK FRAME

OPTION A: _____ X \$90.00= _____

OPTION B: _____ X \$90.00= _____

OPTION C: _____ x \$90.00= _____

7% SALES TAX _____

3% FOR CREDIT CARD ORDERS _____

TOTAL _____

PLEASE RETURN THIS FORM ALONG WITH PAYMENT

NAME OF EVENT: ***SC MUSIC EDUCATORS FEB 2-4, 2012*** BOOTH # _____

COMPANY NAME: _____ PHONE # _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

TOTAL AMOUNT PAID: _____

CHECK # OR CREDIT CARD TYPE: _____

DATE PAID: _____

****OTHER BOARDS ARE AVAILABLE - PLEASE CALL
OUR OFFICE FOR SIZES AND COLORS****