

# NATIONAL COORDINATING COMMITTEE FOR MULTIEMPLOYER PLANS



815 16TH STREET, N.W. WASHINGTON, DC 20006 ★ PHONE: 202-737-5315 ★ FAX: 202-737-1308

**MARK H. AYERS**  
CHAIRMAN

**RANDY G. DEFREHN**  
EXECUTIVE DIRECTOR  
E-MAIL: RDEFREHN@NCCMP.ORG

## Re: 2010 NCCMP Annual Conference Sponsorship

Dear Exhibitor/ Sponsor:

The National Coordinating Committee for Multiemployer Plans (NCCMP) is the only organization created and maintained for the exclusive benefit of actively promoting and protecting the interests of multiemployer plans in the Congress, before federal regulatory agencies with jurisdiction over our plans, and in the federal courts. I am writing to extend an invitation to you to participate as a sponsor at the **2010 Annual NCCMP Conference** to be held from **September 27 – 29, 2010 (with pre-conference activities on Saturday, September 25th and Sunday, September 26th) at The Westin Diplomat Resort & Spa in Hollywood, Florida.**

Our conference provides multiemployer plan trustees, professional advisors and government officials with a forum where issues, current developments and new ideas can be frankly discussed. The NCCMP has continued to work diligently to fight those who believe that employer sponsored benefit plans should be dismantled as a relic of a time gone by.

The NCCMP conference has earned the reputation as the premier forum for multiemployer trustees, plan professionals and government officials to collectively discuss current issues, recent developments and new ideas.

Enclosed in this package, you will find a Sponsor/ Exhibitor Application with hotel information concerning registration at The Westin Diplomat Resort & Spa in Hollywood, Florida as well as the Exhibitor packet.

Again, it is our hope that you will consider being a sponsor at our upcoming conference. Remember, this will be your best opportunity to meet with top level decision makers in the Taft-Hartley community. Moreover, your support of this conference and the NCCMP helps promote and assist the NCCMP in defending the future of our plans. Don't miss out on your chance to be a part of this informative and educational event.

I look forward to seeing you in September.

Best Regards,

Randy G. DeFrehn  
Executive Director

Enclosures



# NCCMP 2010 ANNUAL CONFERENCE

## Sponsor/ Exhibitor Application

September 27-28-29, 2010 (Pre-conference activities September 25 and 26)

### Westin Diplomat Resort & Spa

3555 South Ocean Drive  
Hollywood, Florida 33019

Date \_\_\_\_\_

Contact Name :	Title:
Booth Representative(s):	
Local Union/ Company Name:	
Package materials to be mailed to (Address)	
City:	
State/Province:	Zip:
Phone:	Fax:
E-mail Address:	

Please select (X) from the following Sponsor Levels (Partner, Event, or General):

**Partner (\$10,000 Level)**

- \*Ten (10) Complimentary Conference Registrations
- \*Full Page Ad in Conference Program
- \*Stage Recognition During General Sessions
- \*Exhibit Space for Promotional Materials

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**Event Sponsorship Opportunities (See list below – Please call for availability):**

- \*Two (2) Complimentary Conference Registrations
- \*Sign Recognition at Specific Event
- \*Recognition in Printed Conference Program
- \*Exhibit Space for Promotional Materials

**Saturday Afternoon Break Co-Sponsor (\$2,500 Level)**

**Sunday Welcoming Reception Co-Sponsor (\$5,000 Level)**

**Continental Breakfasts Co-Sponsor (\$2,500 Level)**

**Mid-morning Breaks Co-Sponsor (\$2,500 Level)**

**Tuesday Luncheon Co-Sponsor (\$3,000 Level)**

**John L. Lewis Award (\$2,500 Level)**

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**General Sponsorship (\$1,200)**

- \*One (1) Complimentary Conference Registration
- \*Recognition in Printed Conference Program
- \*Exhibit Space for Promotional Materials

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Will you be using an exhibit booth?  Yes  No

## Method of Payment Enclosed:

<input type="checkbox"/> <b>Check (made payable to NCCMP)</b>
<b>OR</b>
<b>Credit Card: <input type="checkbox"/> Amex <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard</b>
<b>Credit Card No.:</b>
<b>Expiration Date:</b>
<b>Cardholder Name:</b>
<b>Official Cardholder Signature:</b>

**Return this Sponsor/ Exhibitor application with payment to:**

NCCMP

815 – 16<sup>th</sup> Street, NW

Washington, DC 20006

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## 2010 NCCMP CONFERENCE EVENTS

*Monday, September 27 -Wednesday, September 29, 2010*

- MORNING GENERAL SESSIONS AND OPTIONAL AFTERNOON WORKSHOPS FEATURING THE LEADING EXPERTS IN THE MULTIEMPLOYER COMMUNITY

### PRE-CONFERENCE FUNCTIONS

*Saturday, September 25, and Sunday, September 26, 2010*

- SATURDAY SPECIALTY SEMINAR FOR TRUSTEES AND THEIR ADVISORS
- SUNDAY ANNUAL CHARITY GOLF OUTING & EVENING WELCOMING RECEPTION

### HOTEL ACCOMMODATIONS:

A room block at conference room rate per day of \$219.00 plus applicable taxes (11%) has been reserved at The Westin Diplomat Resort & Spa and offered (3) days prior and (3) days after the meeting dates. **To make your room reservations please call: (888) 627-9057 and ask for the group rate for the NCCMP.** The cut – off date for room reservations at the conference rate is Thursday, September 7, 2010 (until 5 p.m. Eastern Time).

Questions? Phone: (202) 737-5315 FAX: (202) 737-1308 E-mail: [mtobin@nccmp.org](mailto:mtobin@nccmp.org)

## SPONSORSHIP AGREEMENT

On behalf of my firm, I am pleased to accept this invitation to be a sponsor of the NCCMP Annual Conference. I recognize that the sole objective of the NCCMP Annual Conference is to provide an opportunity for conferees to learn about issues essential to the operation of their trust funds and to meet and network with other conferees.

As a service provider, to multiemployer plans, I welcome this opportunity to participate in all officially scheduled activities of the Annual Conference where I will meet, interact and network with a variety of trustees, fund professionals, fellow service providers and other leaders in the multiemployer community, many of who are existing clients and prospects.

I recognize that such sponsorship provides me with access to interact with my clients and prospects in the exhibit hall, during breakfast, breaks at the charity golf outing and at the official welcoming reception to which all are invited. I also recognize that the placement of and hours of the exhibit hall are structured to encourage conferees to interact with sponsors and that the program is designed to provide me with maximum opportunities to network with and entertain such clients and prospects during such times as no official conference functions are scheduled.

In exchange for this opportunity, and as a condition of my attendance at and participation in this and future conferences, I agree to the following conditions:

- 1. Neither I, nor anyone from my firm, will schedule any event, formal or informal, on or off the official conference site that will conflict with any official event scheduled for conferees, including especially the official WELCOMING RECEPTION.**
- 2. Failure to comply with this condition of participation may result in my being asked to leave the conference without a refund of sponsorship, registration or other fees and forfeiture of access to future conferences.**
- 3. The sponsorship fee is due and payable on or before September 17, 2010.**

As the authorized representative of my firm, I agree on its behalf to the terms and conditions of sponsorship as stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Title: \_\_\_\_\_

Firm: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>National Coordinating Committee for Multiemployer Plans (NCCMP)</b>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Non-Profit</b>	
Address (number, street, and apt. or suite no.) <b>815 16th Street, NW, Suite 600</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Washington, DC 20006</b>	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number
<b>52                      1041104</b>

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Margaret M. Tobin</i>	Date ▶ <i>March 24, 2010</i>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**3-D**  
**Convention Services, Inc.**  
**6851 S.W. 21st Court, #14**  
**Davie, FL 33317**

Dear Exhibitor,

3-D Convention Services, Inc. will be the official contractor for the **NCCMP**, located at the **Westin Diplomat** on **September 27-29, 2010**. Please look through this Exhibitor Kit that we have prepared for you and call our Exhibitor Services Department at 954-423-9803 with any questions you might have.

**10' x 10' Booth Package:**

8' High Backwall in Blue/White/White/Blue  
3' High Side Drapes in Blue  
1 – 6' Draped Table in White

1 – Exhibitor Identification Sign  
1 – Wastebasket  
2 – Chairs

**Important Dates to Remember**

Discount Deadline Date:	Friday, September 10, 2010
Last day for advance shipment discount:	Friday, September 17, 2010
Exhibitor Set Up:	Sunday, September 26, 2010 – 9am – 5pm
Show Hours:	Monday, September 27, 2010 – 7am – 12pm Tuesday, September 28, 2010 – 7am – 12pm Wed., September 29, 2010 – 7am – 10:30am
Exhibitor Dismantle:	Wed., September 29, 2010 – 10:30am – 1pm

***ADVANCE ORDER DEADLINE***

**SEPTEMBER 10, 2010** is the last day to receive discounts for advance orders. All forms must be returned by mail to our office or via fax 954-423-9809, and accompanied by complete payment in order to receive the discount. Please fill out the Credit Card Authorization form completely if paying by credit card.

***SHIPPING INSTRUCTIONS***

We recommend that you ship your exhibit materials at least 30 days in advance to our warehouse to insure your materials arrive to show site on time. Please **DO NOT** ship your exhibit materials to arrive at the show site.

**Advance Shipments to Warehouse**

3-D Convention Services, Inc.  
6851 SW 21<sup>st</sup> Court, #14  
Davie, FL 33317

3-D Convention Services, Inc. looks forward to working with you to make your exhibition as amazing and successful as it can be.

Sincerely,  
Exhibitor Services Department  
**3-D** Convention Services, Inc.

**3-D**  
**Convention Services, Inc.**  
 6851 S.W. 21st Court, #14  
 Davie, FL 33317

**CREDIT CARD AUTHORIZATION FORM**

**NO SERVICES WILL BE RENDERED UNTIL THIS DOCUMENT IS COMPLETED,  
 SIGNED AND RETURNED TO 3-D CSI**

<b>NCCMP</b> <b>The Westin Diplomat</b> <b>September 27-29, 2010</b>	<b>DISCOUNT DEADLINE DATE:</b> <b>September 10, 2010</b>
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<b>EXHIBITOR</b> _____	<b>BOOTH #</b> _____
<b>ADDRESS</b> _____	
<b>CITY, STATE, ZIP</b> _____	
<b>PHONE</b> _____	<b>FAX</b> _____
<b>E-MAIL</b> _____	<b>CONTACT</b> _____

***WE ACCEPT AMERICAN EXPRESS, VISA AND MASTERCARD***

<b>CARD TYPE:</b> <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER
<b>CREDIT CARD #</b> _____ <b>EXP. DATE</b> _____
<b>SECURITY #</b> (on front of card if AMEX or back if Visa / MC) _____
<b>CARDHOLDER'S NAME</b> _____ (PLEASE PRINT)
<b>CARDHOLDER'S SIGNATURE</b> _____
<b>LIST ANY ADDITIONAL PERSONNEL AUTHORIZED TO MAKE CHARGES ON THIS CREDIT CARD</b>

**TERMS AND CONDITIONS:** Please complete the information and return payment in full with this form and your orders. You may choose to pay by credit card, check, or bank wire transfer; however, we require your credit card authorization to be on file with 3-D Convention Services, Inc. The Cardholder stated above hereby authorizes 3-D Convention Services, Inc. to charge the credit card described above for all charges incurred by show site representative before, during and after the show. All Exhibitor orders must be paid in advance before any services can be rendered. If you are an outside contractor or display house the same terms will apply.

**CHECKS:** Please make checks payable to 3-D Convention Services, Inc. The payment needs to be in full before services can be rendered. There will be a minimum charge of \$29.00 for each NSF check written to 3-D Convention Services, Inc. All checks must be drawn on a U.S. bank.

**WIRE TRANSFERS:** The same terms mentioned above still apply if Exhibitor wishes to pay by wire transfer. Exhibitors are responsible for any fees incurred by making a wire transfer. Please call our Exhibitor Services Department for Wire Transfer Instructions if you are interested in using this method of payment.

**SALES TAX:** Applicable sales tax will apply to charges made by Exhibitor. If any Exhibitor is exempt from paying sales tax, it is the responsibility of that Exhibitor to provide 3-D Convention Services, Inc. with their Tax Exempt Certificate at the time of ordering.

**ORDER TOTALS**

<b>Furnishings:</b> _____	<b>Accessories:</b> _____
<b>Labor:</b> _____	<b>Carpet:</b> _____
<b>Material Handling:</b> _____	<b>Cleaning:</b> _____
<b>Signs:</b> _____	<b>Displays:</b> _____

**SubTotal Ordered:** \_\_\_\_\_  
**6% Sales Tax:** \_\_\_\_\_  
**Total Ordered:** \_\_\_\_\_

**\*\*This is an estimated amount. Totals will be confirmed via e-mail after order is processed.**

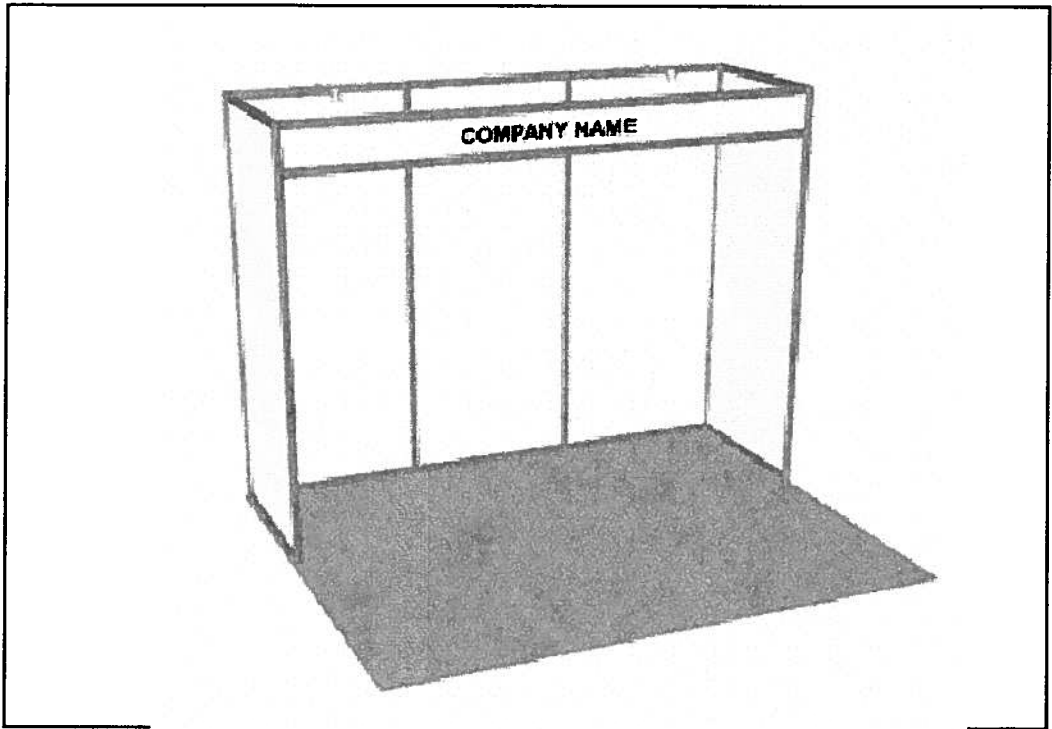
**3-D**  
**Convention Services, Inc.**  
 6851 S.W. 21st Court, #14  
 Davie, FL 33317

NCCMP  
 The Westin Diplomat  
 September 27-29, 2010  
 Discount Deadline Date: September 10, 2010

**SHOW SPECIAL**

\*All units include standard carpet color of your choice

\*Electrical is not included



**FEATURES**

- 3 Meter backwall & 1 Meter returns w/white panels
  - Header with your company name
  - 2 Spotlights, 75 watts each
- Discount Price \$800**
- \*\*Must be ordered by Discount Deadline Date**

Subtotal : \_\_\_\_\_  
 Sales Tax (6%): \_\_\_\_\_  
 Total: \_\_\_\_\_

\*\* Any Orders cancelled after the discount deadline date will be subject to a 50% cancellation fee. Any orders cancelled on/after set up date will be subject to 100% cancellation fee. All equipment is used on a rental basis and remains the property of 3-D Convention Services, Inc.

EXHIBITOR NAME _____	BOOTH # _____
CONTACT NAME _____	PHONE # _____
FAX # _____	E-MAIL _____

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 Davie, FL 33317

**NCCMP**  
**The Westin Diplomat**  
**September 27-29, 2010**

**DISCOUNT DEADLINE DATE: September 10, 2010**

\*\* All orders must be accompanied by your method of \*\*  
 payment in order for services to be rendered.

**FURNISHINGS**

Qty	Item #	Description	Discount Price	Standard Price	Total
<b>CHAIRS</b>					
	100	Upholstered Side Chair	\$ 42.00	\$ 52.00	
	101	Upholstered Arm Chair	\$ 47.00	\$ 57.00	
	102	Executive Chair	\$ 100.00	\$ 125.00	
	103	Padded Counter Stool w/back (Black)	\$ 75.00	\$ 100.00	
	104	Padded Counter Stool w/back (White)	\$ 75.00	\$ 100.00	
	105	Folding Chairs	\$ 25.00	\$ 35.00	

<b>DISPLAY TABLES</b>					
	114	2' x 4' Skirted Tables – 30" High	\$ 85.00	\$ 105.00	
	115	2' x 4' Unskirted Tables – 30" High	\$ 65.00	\$ 85.00	
	116	2' x 4' Skirted Tables – 42" High	\$ 125.00	\$ 155.00	
	117	2' x 4' Unskirted Tables – 42" High	\$ 105.00	\$ 135.00	
	118	2' x 6' Skirted Tables – 30" High	\$ 105.00	\$ 125.00	
	119	2' x 6' Unskirted Tables – 30" High	\$ 85.00	\$ 105.00	
	120	2' x 6' Skirted Tables – 42" High	\$ 145.00	\$ 175.00	
	121	2' x 6' Unskirted Tables – 42" High	\$ 125.00	\$ 155.00	
	122	2' x 8' Skirted Tables – 30" High	\$ 125.00	\$ 145.00	
	123	2' x 8' Unskirted Tables – 30" High	\$ 105.00	\$ 125.00	
	124	2' x 8' Skirted Tables – 42" High	\$ 165.00	\$ 195.00	
	125	2' x 8' Unskirted Tables – 42" High	\$ 145.00	\$ 175.00	
	126	4 <sup>th</sup> Side Skirted	\$ 30.00	\$ 40.00	
	127	30" Round Table– 30" High	\$ 120.00	\$ 140.00	
	128	42" High Round Tbl – chrome w/glass top	\$ 165.00	\$ 185.00	

Please circle a skirt color:  Blue  Red  White  Teal  Black

<b>TABLE RISERS</b>					
	140	4' x 8" x 8" One Step	\$ 40.00	\$ 55.00	
	141	4' x 8" x 16" Two Step	\$ 50.00	\$ 65.00	
	142	6' x 8" x 8" One Step	\$ 50.00	\$ 65.00	
	143	6' x 8" x 16" Two Step	\$ 60.00	\$ 75.00	

Subtotal: \_\_\_\_\_  
 Sales Tax (6%): \_\_\_\_\_  
 Total: \_\_\_\_\_

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EXHIBITOR NAME _____	BOOTH # _____
CONTACT NAME _____	PHONE # _____
FAX # _____	E-MAIL _____

PHONE: 954-423-9803 / FAX: 954-423-9809  
 E-MAIL: [3dcsi@bellsouth.net](mailto:3dcsi@bellsouth.net) / Website: [www.3-dcsi.com](http://www.3-dcsi.com)



**NCCMP**  
**The Westin Diplomat**  
**September 27-29, 2010**

**DISCOUNT DEADLINE DATE: September 10, 2010**

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**ACCESSORIES & RENTAL EXHIBITS**

Qty	Item #	Description	Discount Price	Standard Price	Total
	200	4' x 8' Pegboard	\$ 90.00	\$ 105.00	
	201	2' x 8' Pegboard	\$ 55.00	\$ 70.00	
	202	4' x 6' Tackboard	\$ 95.00	\$ 110.00	

\*\* Please circle installation type:     Vertically                       Horizontally

	210	6' Showcase w/lights & locks	\$ 300.00	\$ 350.00	
	211	1 Meter Cabinet w/sliding doors	\$ 170.00	\$ 205.00	
	212	2 Meter Cabinet w/sliding doors	\$ 225.00	\$ 250.00	
	213	1 Meter curved counter	\$ 250.00	\$ 275.00	
	214	Curved End Cabinet	\$ 240.00	\$ 270.00	
	215	1M Straight Shelf	\$ 25.00	\$ 35.00	
	216	Literature Rack	\$ 160.00	\$ 185.00	
	217	Grid 2' x 8'	\$ 75.00	\$ 95.00	
	218	Slat Wall Free Standing 1M x 8ft	\$ 275.00	\$ 305.00	
	219	Gondolas single sided	\$ 290.00	\$ 340.00	
	220	Gondolas double sided	\$ 340.00	\$ 375.00	
	221	Arm Spot Lights 75 watt	\$ 45.00	\$ 55.00	
	222	Track lighting with 3 lights	\$ 125.00	\$ 140.00	
	223	Bag Stand	\$ 45.00	\$ 55.00	
	224	Garment Rack	\$ 85.00	\$ 105.00	
	225	Easel	\$ 22.00	\$ 30.00	
	226	Wastebasket	\$ 15.00	\$ 23.00	
	227	Refrigerator	\$ 200.00	\$ 240.00	
	228	Projection Screen (70" x 70")	\$ 200.00	\$ 240.00	

<b>3-D Rental Exhibits</b>					
	1001	10' Rental Exhibit	\$1,475.00	\$1,850.00	
	1002	10' Rental Exhibit with Cabinet	\$1,790.00	\$2,240.00	
	2001	20' Rental Exhibit	\$3,000.00	\$3,750.00	
	2002	20' Rental Exhibit with Cabinets	\$3,950.00	\$4,950.00	

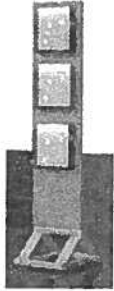
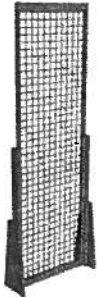
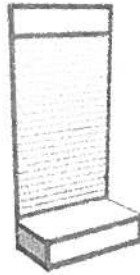
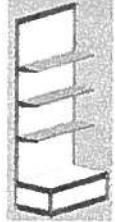
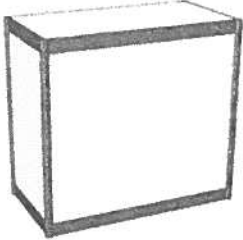
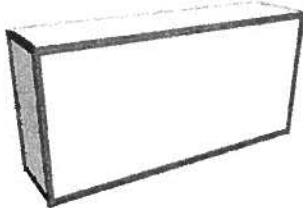
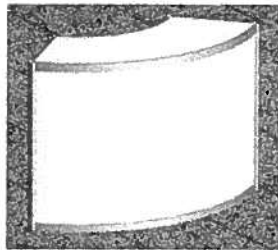
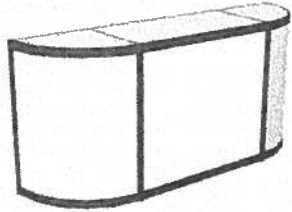




Subtotal: \_\_\_\_\_  
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 Total: \_\_\_\_\_

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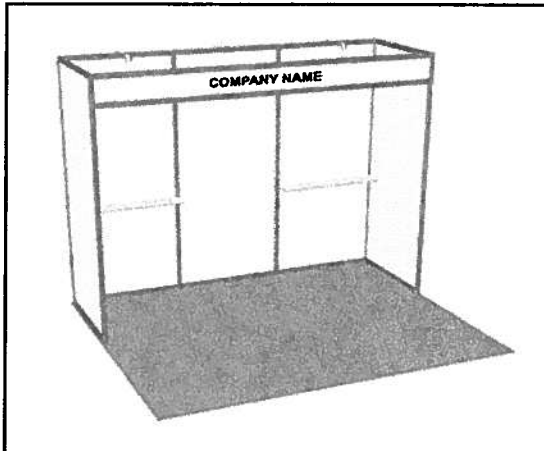
**ACCESSORY PICTURES & DESCRIPTIONS**

<p align="center"><b>LITERATURE RACK</b></p>  <p>13" W x 66" T Advanced \$ 160.00 Standard \$ 185.00 Item #216</p>	<p align="center"><b>GRID</b></p>  <p>2' x 8' High Advanced \$ 75.00 Each Standard \$ 95.00 Each Item #217</p>	<p align="center"><b>SLATWALL PANEL</b></p>  <p>Free Standing Slatwall 1 meter x 8 ft Advanced \$ 275.00 Standard \$ 305.00 Item #218</p>	<p align="center"><b>GONDOLA</b></p>  <p>Single Sided 2.4m x 1m Advanced \$ 290.00 Standard \$ 340.00 Item #219 Double Sided 2.4m x 1m Advanced \$ 340.00 Standard \$ 375.00 Item #220</p>
<p align="center"><b>1 METER CABINET</b></p>  <p>39" w, 39" h, 18" deep With sliding doors Advanced \$ 170.00 Standard \$ 200.00 Item #211</p>	<p align="center"><b>2 METER CABINET</b></p>  <p>77" L, 39" h, 18" deep With sliding doors Advanced \$ 225.00 Standard \$ 250.00 Item #212</p>	<p align="center"><b>CURVE CABINET</b></p>  <p>60" L, 39" H, 22" deep Advanced \$ 250.00 Standard \$ 275.00 Item #213</p>	<p align="center"><b>CURVED END CABINET</b></p>  <p>65"L, 39"H, 18" deep Advanced \$ 240.00 Standard \$ 270.00 Item #214</p>
<p align="center"><b>ADJUSTABLE ARM RACK</b></p>  <p>15" L, 55" H, 12" deep Advanced \$ 45.00 Standard \$ 55.00 Item #223</p>	<p align="center"><b>SPOT LIGHT</b></p>  <p>75 Watts Advanced \$ 45.00 Each Standard \$ 55.00 Each Item #221</p>	<p align="center"><b>ROLLING GARMENT RACK</b></p>  <p>74" Long &amp; 56" High Advanced \$ 85.00 Standard \$ 105.00 Item #224</p>	<p align="center"><b>SHELF</b></p>  <p>40" L, 3/4"H, 12" deep Advanced \$ 25.00 Standard \$ 35.00 Item # 215</p>

**3-D RENTAL EXHIBITS**

\*All units include standard carpet color of your choice

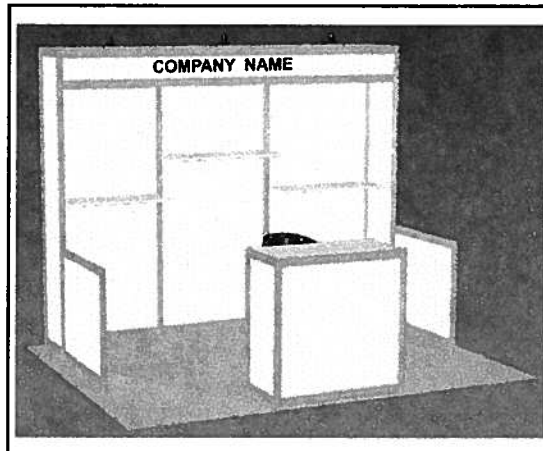
\*Electrical is not included



**1001 FEATURES**

- 3 Meter backwall & 1 Meter returns w/white panels
- Header with your company name
- 2 Spotlights, 75 watts each
- 2 shelves

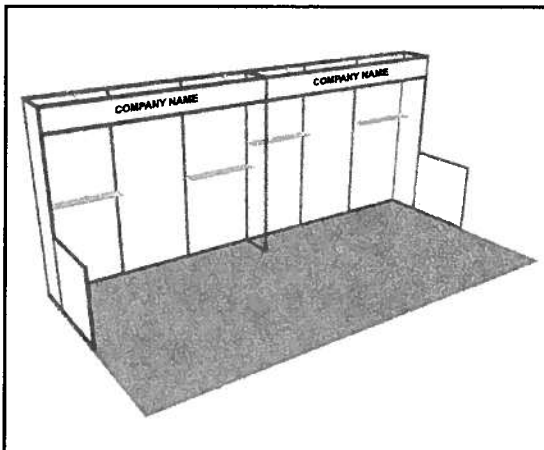
Discount Price \$1,475    Standard Price \$1,850



**1002 FEATURES**

- 3 Meter backwall & 1 Meter returns
- Header with your company name
- 3 Spotlights, 75 watts each
- 3 shelves
- 2 Side rails
- 1 Cabinet

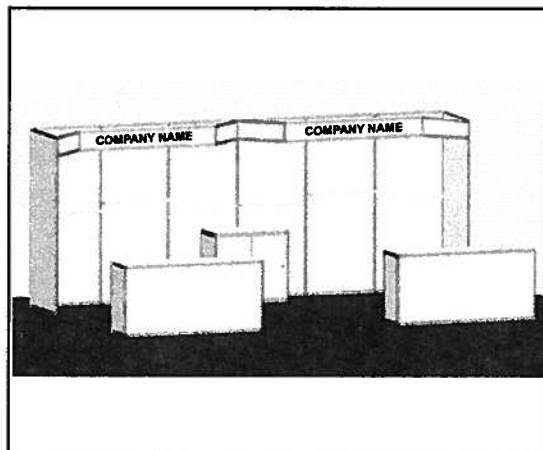
Discount Price \$1,790    Standard Price \$2,240



**2001 FEATURES**

- 6 Meter backwall & 1 Meter returns
- 2 Headers with your company name
- 4 Spotlights, 75 watts each
- 4 shelves
- 2 side rails

Discount Price \$3,000    Standard Price \$3,750



**2002 FEATURES**

- 6 Meter backwall & 1 Meter returns
- 2 Custom Headers with your company name
- 6 Spotlights, 75 watts each
- 4 shelves
- 2 - 2 meter Cabinets
- 1 - 1 meter Cabinet

Discount Price \$3,950    Standard Price \$4,950

**3-D**  
**Convention Services, Inc.**  
 6851 S.W. 21st Court, #14  
 Davie, FL 33317

**NCCMP**  
**The Westin Diplomat**  
**September 27-29, 2010**

**DISCOUNT DEADLINE: September 10, 2010**

**\*\*All orders must be accompanied by your method of \*\*  
 payment in order for services to be rendered**

**CARPET**

Qty	Item #	Description	Discount Price	Show Site Price	Total
	300	10' x 10' Standard Booth Carpet	\$ 100.00	\$ 150.00	
	301	10' x 20' Standard Booth Carpet	\$ 200.00	\$ 250.00	

Please circle a carpet color:  Black  Red  Blue  Gray  Green

**\*\*Custom cut carpet is required for all booths larger than 20'**

Item #	Description	Total Sq Ft	Discount Price	Show site Price	Total
303	Custom cut carpet		\$ 2.00 per sq ft.	\$ 2.25 per sq ft.	

Please circle a carpet color:  Black  Red  Blue  Gray  Green

Item #	Description	Total Sq Ft	Price Per Sq Ft	Total
304	Visqueen covering for protection		\$ .30	
305	Carpet padding		\$ .90	

Sub-Total: \_\_\_\_\_  
 Sales Tax (6%): \_\_\_\_\_  
 Total: \_\_\_\_\_

**\*\*Any orders cancelled after the discount deadline date will be subject to a 50% cancellation fee. Any orders cancelled on/after set up date will be subject to 100% cancellation fee. All equipment is used on a rental basis and remains the property of 3-D Convention Services, Inc.**

EXHIBITOR NAME _____	BOOTH # _____
CONTACT NAME _____	PHONE # _____
FAX # _____	E-MAIL _____

# 3-D

## Convention Services, Inc.

**6851 S.W. 21st Court, #14  
Davie, FL 33317**

<b>NCCMP</b> <b>The Westin Diplomat</b> <b>September 27-29, 2010</b>	<b>DISCOUNT DEADLINE DATE:</b> <b>September 10, 2010</b>
--	---

**\*\*All orders must be accompanied by your method of\*\*  
payment in order for services to be rendered**

### CLEANING

Item #	Description	Standard Price	Booth size (100 sq ft min.)	Number of Days	Total
500	Vacuuming	\$ 0.30 per sq ft			
501	Trash Removal	\$ 60.00 per day	0-500 sq ft.		
502	Trash Removal	\$ 85.00 per day	500-1500 sq ft.		
503	Trash Removal	\$105.00 per day	1500-3000 sq ft.		
504	Trash Removal	Call for Quote	3000 + sq ft.		

Subtotal: \_\_\_\_\_  
 Sales Tax (6%): \_\_\_\_\_  
 Total: \_\_\_\_\_

**\*\*Please fill in the dates you will be needing service in you booth(s).**

Monday \_\_\_\_\_  
 Tuesday \_\_\_\_\_  
 Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_  
 Saturday \_\_\_\_\_  
 Sunday \_\_\_\_\_

EXHIBITOR NAME _____	BOOTH # _____
CONTACT NAME _____	PHONE # _____
FAX # _____	E-MAIL _____

PHONE: 954-423-9803 / FAX: 954-423-9809  
 E-MAIL: [3dcsi@bellsouth.net](mailto:3dcsi@bellsouth.net) / WEBSITE: [www.3-dcsi.com](http://www.3-dcsi.com)

**3-D**  
**Convention Services, Inc.**  
 6851 S.W. 21st Court, #14  
 Davie, FL 33317

NCCMP  
 The Westin Diplomat  
 September 27-29, 2010  
 DISCOUNT DEADLINE DATE: September 10, 2010

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 payment in order for services to be rendered.**

**LABOR**

**DISPLAY LABOR RATES ARE AS FOLLOWS:**  
 Monday – Friday 8:00 a.m. – 4:30 p.m. – this is at a Straight Time Rate of \$49.00  
 All other times including weekends – this is at an Overtime Rate of \$73.50

**Supervision Services:**

3-D Convention Services, Inc. Supervised (O.K. to Proceed)

3-DCSI will supervise the labor to:

- Unpack and Install Exhibitor display before their arrival
- Dismantle, and repack your booth and arrange for shipping after completion of show.
- A charge of 35% of your total labor charge will be added to your order, \$50 minimum.

Exhibitor Supervised (Do Not Proceed)

Exhibitor will supervise the installation and dismantle of their booth.

3-D Convention Services, Inc. will not be responsible for any loss or damage arising from Installation, Dismantle, unpacking or repacking of the Exhibitor’s display. Exhibitor’s representative must check in at the Service Desk to pick up men ordered.

**Labor cancelled without a 24-hour notice will be charged a one (1) hour cancellation fee per worker. If exhibitor fails to use the workers at the time confirmed, a one (1) hour “No-Show” charge per worker will be billed.**

**There is a one (1) hour minimum charge per worker.  
 Any labor after that will be charged at half (1/2) hour increments.**

Date	Start Time	End Time	Number of Hours	Number of workers needed
	AM/PM	AM/PM		
	AM/PM	AM/PM		
	AM/PM	AM/PM		
	AM/PM	AM/PM		
	AM/PM	AM/PM		
	AM/PM	AM/PM		
	AM/PM	AM/PM		

Drawings or Set-up Plans attached                       Drawings or Set-up plans in crate # \_\_\_\_\_  
 Special Instructions attached                                       Pop-up Display

**\*\* This is an estimate as to the amount of workers and hours per worker needed for the installation and dismantling. The final invoice will reflect the actual amount of workers and hours used for your exhibit.**

EXHIBITOR NAME \_\_\_\_\_ BOOTH # \_\_\_\_\_  
 CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
 FAX # \_\_\_\_\_ E-MAIL \_\_\_\_\_



NCCMP  
The Westin Diplomat  
September 27-29, 2010

DISCOUNT DEADLINE: September 10, 2010

## **MATERIAL HANDLING SERVICES AND RATES**

### Definitions:

- CWT – Carton weight
- Material handling is the unloading of your exhibit materials, delivery to you booth space, handling of empty containers to and from storage, and removal of materials from your booth for reloading onto your outbound carrier.
- Crated – Material that is skidded or is in any type of shipping container that can be unloaded at the dock with no additional handling required.
- Special Handling – Material delivered by the carrier in such a manor that it requires additional handling, such as ground unloading, side door unloading, constricted space unloading, designated piece unloading, and stacked shipments: Federal Express and UPS are included in this category due to their delivery procedures.

### Special Shipping Instructions:

- All shipments must be prepaid by shipper.
- Please cover up or remove all old labels before shipping.
- All shipments must be accompanied by a certified weight ticket. If your shipment arrives without a weight ticket, a service charge of \$12.00 per shipment will be added to your invoice.
- If “Return to Warehouse” is required, additional charges will apply.
- Late shipments to warehouse are subject to an additional charge (please see second material handling form for these rates).
- All of your materials should be insured by your own insurance policy. 3-D Convention Services, Inc. is not responsible for any damaged or missing freight as a result of shipping.
- We have included shipping labels for your convenience. Please fill them out and attach to your shipment(s).

**3-D**  
**Convention Services, Inc.**  
 6851 S.W. 21st Court, #14  
 Davie, FL 33317

NCCMP  
 The Westin Diplomat  
 September 27-29, 2010

DISCOUNT DEADLINE: September 10, 2010

## MATERIAL HANDLING SERVICES AND RATES

Ship prepaid only. Collect shipments will be refused. All charges are based on inbound weights only. Credit card must be provided.

We understand that your calculation is only an estimate. The final invoice will reflect the actual weight.

Item #	Description	Price per CWT	CWT Total	Total
	<b>Advance Warehouse Shipments</b>	<b>CWT = 100 lbs.</b>	<b>200 lb. minimum</b>	
600	Crated or skidded shipment	\$ 60.00		
601	Special handling shipment	\$ 66.00		
	<b>Show Site Shipments</b>			
602	Crated or skidded shipments	N/A		
603	Special handling shipments	N/A		
	<b>Shipments delivered after deadline date (in addition to the rates listed above)</b>			
604	Advance warehouse shipment after September 17, 2010	\$ 14.00		
	<b>Overtime charges (in addition to rates listed above)</b>			
605	Overtime charge inbound	\$ 10.00		
606	Overtime charge outbound	\$ 10.00		
607	Overtime charge inbound and outbound	\$ 17.00		
608	Return to Warehouse	\$ 25.00		

Freight may be assessed overtime charges if the move-in or move-out times are scheduled on overtime days or hours, beyond 3-D CSI's control.

Straight Time: 8:00 a.m. – 4:30 p.m. Monday through Friday

Overtime: 4:30 p.m. – 8:00 a.m. Monday through Friday and all day Saturday and Sunday

**Exhibitors should label shipments as follows:**

**ADVANCE WAREHOUSE SHIPMENTS**

Company \_\_\_\_\_  
 Booth # \_\_\_\_\_  
 Show Name: NCCMP

3-D Convention Services, Inc.  
 6851 SW 21<sup>st</sup> Court, #14  
 Davie, FL 33317

**SHOW-SITE SHIPMENTS**

N/A

**All freight is to go directly to the advance warehouse address. The Westin Diplomat will not be accepting any advance or direct freight.**

**3-D**  
Convention Services, Inc.  
6851 S.W. 21st Court, #14  
Davie, FL 33317

FROM: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Booth #: \_\_\_\_\_

TO: 3-D Convention Services, Inc.  
6851 SW 21st Court, #14  
Davie, FL 33317

NCCMP 2010

**ADVANCE SHIPMENT CONVENTION MATERIAL**

**3-D**  
Convention Services, Inc.  
6851 S.W. 21st Court, #14  
Davie, FL 33317

FROM: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Booth #: \_\_\_\_\_

TO: 3-D Convention Services, Inc.  
6851 SW 21st Court, #14  
Davie, FL 33317

NCCMP 2010

**ADVANCE SHIPMENT CONVENTION MATERIAL**

**3-D**  
Convention Services, Inc.  
6851 S.W. 21st Court, #14  
Davie, FL 33317

FROM: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Booth #: \_\_\_\_\_

TO: 3-D Convention Services, Inc.  
6851 SW 21st Court, #14  
Davie, FL 33317

NCCMP 2010

**ADVANCE SHIPMENT CONVENTION MATERIAL**

**3-D**  
Convention Services, Inc.  
6851 S.W. 21st Court, #14  
Davie, FL 33317

FROM: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Booth #: \_\_\_\_\_

TO: 3-D Convention Services, Inc.  
6851 SW 21st Court, #14  
Davie, FL 33317

NCCMP 2010

**ADVANCE SHIPMENT CONVENTION MATERIAL**

**3-D**  
**Convention Services, Inc.**  
 6851 S.W. 21st Court, #14  
 Davie, FL 33317

<b>NCCMP</b> <b>The Westin Diplomat</b> <b>September 27-29, 2010</b>	<b>DISCOUNT DEADLINE DATE:</b> <b>September 10, 2010</b>
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## **CARTLOAD SERVICE ORDER FORM**

3- D Convention Services will be providing cartload services to those exhibitors who have small hand carry items all of which must fit on a flatbed cart. One worker with one flatbed will be available, for up to 30 minutes, from the dock to your booth space or from your booth space to the dock. This service will be available for a charge of **\$45.00** per 30 minute intervals.

This service is for small passenger vehicles **only** and is designed to facilitate the move-in and move-out of exhibitors requiring minimum assistance.

To receive cartload service, please check in with 3-D Convention Services at the loading dock.

**CARTLOAD SERVICE = 1 MAN WITH 1 FLATBED FOR ONE TRIP UP TO 30 MINUTES**

Item #	Description	Price	Qty	Total Price
611	From Dock to Booth	\$ 45.00		
612	From Booth to Dock	\$ 45.00		

Subtotal: \_\_\_\_\_  
 Sales Tax (6%): \_\_\_\_\_  
 Total: \_\_\_\_\_

EXHIBITOR NAME _____	BOOTH# _____
CONTACT NAME _____	PHONE # _____
FAX # _____	E-MAIL _____

**3-D**  
**Convention Services, Inc.**  
 6851 S.W. 21st Court, #14  
 Davie, FL 33317

**NCCMP**  
**The Westin Diplomat**  
**September 27-29, 2010**

**DISCOUNT DEADLINE DATE: September 10, 2010**

## OUTBOUND SHIPPING

If you are using 3-D Convention Services as your outbound shipping carrier, your materials will not be shipped out until. A return to warehouse charge will be assessed to any shipments being returned to warehouse.

To help facilitate outbound shipping please fill out this form and fax it back to 954-423-9809.

**Shipping From:**

Exhibiting Company Name: \_\_\_\_\_ Booth #: \_\_\_\_\_

Shipping Location:

- |  |  |
|--|--|
| <input type="checkbox"/> 3-D Convention Services, Inc<br>6851 SW 21 <sup>st</sup> Court, #14<br>Davie, FL 33317<br>Shipping Date: September 30, 2010 | <input type="checkbox"/> The Westin Diplomat<br>3555 South Ocean Drive<br>Hollywood, FL 33019<br>Shipping Date: September 29, 2010 |
|--|--|

**Destination To:**

Ship To: \_\_\_\_\_ Booth #: \_\_\_\_\_

(STREET ADDRESS)

(CITY, STATE, ZIP)

Attention: \_\_\_\_\_ Event Name: \_\_\_\_\_

**Ship Via:**

- 3-DCSI Logistics  Fed-Ex  UPS  Yellow Freight  UPS Freight  Other \_\_\_\_\_

**Mode:**

- Ground  Air  Next Day  2<sup>nd</sup> Day  3<sup>rd</sup> Day  Deferred  Other \_\_\_\_\_

NO. OF PIECES	DESCRIPTION	WEIGHT
	Crates (Wooden) Exhibition Material	
	Cartons (Cardboard Boxes)	
	Fiber Cases / Trunks	
	Skids/Pallets	
	Carpets (Color _____ )	
	Machines	
	Miscellaneous (Need description)	
	<b>TOTAL</b>	

**Exhibitor Information:**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Fax #: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

**COMMENTS:**

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**Convention Services, Inc.**  
 6851 S.W. 21st Court, #14  
 Davie, FL 33317

FROM:  
 Company Name:  
 Contact Name:  
 Address:  
 City, State, Zip:

Booth #: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TO:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NCCMP

**OUTBOUND SHIPMENT CONVENTION MATERIAL**



**Convention Services, Inc.**  
 6851 S.W. 21st Court, #14  
 Davie, FL 33317

FROM:  
 Company Name:  
 Contact Name:  
 Address:  
 City, State, Zip:

Booth #: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TO:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NCCMP

**OUTBOUND SHIPMENT CONVENTION MATERIAL**



**Convention Services, Inc.**  
 6851 S.W. 21st Court, #14  
 Davie, FL 33317

FROM:  
 Company Name:  
 Contact Name:  
 Address:  
 City, State, Zip:

Booth #: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TO:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NCCMP

**OUTBOUND SHIPMENT CONVENTION MATERIAL**



**Convention Services, Inc.**  
 6851 S.W. 21st Court, #14  
 Davie, FL 33317

FROM:  
 Company Name:  
 Contact Name:  
 Address:  
 City, State, Zip:

Booth #: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TO:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NCCMP

**OUTBOUND SHIPMENT CONVENTION MATERIAL**

**3-D**  
**Convention Services, Inc.**  
**6851 S.W. 21st Court, #14**  
**Davie, FL 33317**

NCCMP The Westin Diplomat September 27-29, 2010	DISCOUNT DEADLINE DATE: September 10, 2010
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\*\*All orders must be accompanied by your method of\*\*  
payment in order for services to be rendered.

**EXHIBITOR APPOINTED CONTRACTOR**

\*\*Exhibitors who wish to use another contractor other than the official service contractor, 3-D Convention Services, Inc. must complete this form and supply all necessary information by September 10, 2010.

\*\*The appointed contractor must provide 3-D Convention Services, Inc. with a current certificate of insurance with a minimum of \$1,000,000 liability coverage. This certificate needs to be provided before any services can be performed.

\*\*For services such as electrical, telephone, cleaning, and drayage, no contractor other than the official services contractor will be approved.

\*\*The Exhibitor appointed contractor must comply with all reasonable rules and regulations of the venues, show management, and/or Official Service Contractor in order to create a safe work environment.

**\*\*Please fill in the following information and return to 3-D Convention Services, Inc. along with a current certificate of insurance NO LATER than September 10, 2010.**

EXHIBITOR \_\_\_\_\_ BOOTH # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
AUTHORIZED ON-SITE REPRESENTATIVE \_\_\_\_\_

EXHIBITOR APPOINTED CONTRACTOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ON-SITE SUPERVISOR \_\_\_\_\_  
DESCRIPTION OF SERVICE \_\_\_\_\_

**3-D**  
**Convention Services, Inc.**  
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 Davie, FL 33317

<b>NCCMP</b> <b>The Westin Diplomat</b> <b>September 27-29, 2010</b>	<b>DISCOUNT DEADLINE DATE:</b> <b>September 10, 2010</b>
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 payment in order for services to be rendered

**SIGNAGE AND GRAPHICS**

\*\*All standard signs include up to ten (10) words (Helvetica Font) in a selection of colors,  
 produced on white foamcore.

Qty	Item #	Description	Discount Price	Standard Price	Total
	400	7" x 11"	\$ 30.00	\$ 50.00	
	401	7" x 44"	\$ 35.00	\$ 55.00	
	402	11" x 14"	\$ 35.00	\$ 55.00	
	403	14" x 22"	\$ 40.00	\$ 60.00	
	404	22" x 28"	\$ 65.00	\$ 85.00	
	405	28" x 44"	\$ 80.00	\$ 100.00	
	406	Additional Words	\$ 1.20	\$ 1.40	
	407	Easel Back	\$ 5.50	\$ 6.50	

Please indicate color of font:  Black  Blue  Red  Green  Yellow  
 Please indicate layout:  Horizontal  Vertical

Subtotal: \_\_\_\_\_  
 Sales Tax (6%): \_\_\_\_\_  
 Total: \_\_\_\_\_

Please print copy in box below:

\*\*3-D Convention Services, Inc. works with a fully-equipped Sign Shop which can produce the following:  
 Vinyl Banners / Vinyl Graphics / Large Format Printing  
 Please call for quotations on custom work mentioned above.

EXHIBITOR NAME _____	BOOTH# _____
CONTACT NAME _____	PHONE # _____
FAX # _____	E-MAIL _____

PHONE: 954-423-9803 / FAX: 954-423-9809  
 E-MAIL: [3dcsi@bellsouth.net](mailto:3dcsi@bellsouth.net) / WEBSITE: [www.3-dcsi.com](http://www.3-dcsi.com)



# Edd Helms Electric

## Special Event Power & Lighting

17850 NE 5th Avenue - Miami, Florida 33162 - www.eddhelms.com  
 Tel.: (954) 527-2515 - Fax: (954) 458-9067  
 Direct Line: (954) 602-8946 - Email: LKLAWANS@EDDHELMS.COM

2010 NCCMP ANNUAL CONFERENCE  
 SEPTEMBER 25-27, 2010  
 WESTIN DIPLOMAT RESORT & SPA  
 HOLLYWOOD, FLORIDA

### ELECTRICAL SERVICE ORDER FORM

**ORDER MUST BE RECEIVED IN EDD HELMS OFFICE BY SEPTEMBER 10, 2010 TO RECEIVE THE ADVANCED RATE**  
**ORDER ONLINE AT www.eddhelms.com Event ID Number 528SQKV**

**PLEASE COMPLETE THE FOLLOWING INFORMATION LEGIBLY. ALL INFORMATION IS MANDATORY..THANK YOU.**

EXHIBITING FIRM NAME:	DATE SUBMITTED:	BOOTH #:
-----------------------	-----------------	----------

ADDRESS:			NEW	ADDITIONAL	CHANGE
CITY:	STATE:	ZIP:	PHONE:	FAX:	
CONTACT AT SHOW:			EXHIBITORS E-MAIL:		

*By signing this order form, exhibitors accept conditions and regulations from front & reverse side!*

**THE STANDARD LOCATION FOR OUTLETS IS THE REAR OF THE BOOTH. RATES QUOTED DO NOT INCLUDE LABOR OR MATERIAL CHARGES FOR CONNECTING EQUIPMENT.**

<b>POWER OUTLETS</b>	<b>All outlets are priced at 120V single phase.</b>	<b>ACCESSORIES</b>	<b>Power outlet and labor not included with accessories.</b>
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QUANTITY	DESCRIPTION	ADVANCED RATE	STANDARD RATE	SUBTOTAL	QUANTITY	DESCRIPTION	ADVANCED RATE	STANDARD RATE	SUBTOTAL
	0 TO 1000 WATTS - 10 AMPS	\$123.00	\$185.00			Multi-Outlet Strip	\$15.00	\$20.00	
	1001 TO 1500 WATTS - 15 AMPS	\$146.00	\$214.00			Tri-Tap	\$8.00	\$10.00	
	1501 TO 2000 WATTS - 20 AMPS	\$167.00	\$251.00			Extension Cord 25'	\$19.00	\$25.00	

Yes, 24 Hour Service - An additional 50% of the subtotal

<b>208V SINGLE PHASE OUTLETS</b>	<b>All outlets are priced for 208V single phase. Outlets requiring 208V three phase, double the price.</b>
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QUANTITY	DESCRIPTION	VOLTAGE	PHASE	ADVANCED RATE	STANDARD RATE	SUBTOTAL	QUANTITY	DESCRIPTION	ADVANCED RATE	STANDARD RATE	SUBTOTAL
	5 AMPS			\$186.00	\$278.00						
	10 AMPS			\$212.00	\$374.00						
	20 AMPS			\$359.00	\$538.00						
	30 AMPS			\$448.00	\$683.00						
	60 AMPS			\$635.00	\$956.00						
	100 AMPS			\$986.00	\$1,372.00						

**Please contact us for price quotation for motor loads or 480 Volts**

<b>LABOR CHARGE</b>	<b>Special power requirements are not shown on this form. Please contact us for price quotation.</b>	<b>TOTAL OF CHARGES</b>
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ISLAND BOOTHS, 208V & HIGHER AND ANY SPECIAL REQUESTS FOR THE LOCATION OF OUTLETS, OTHER THAN THE REAR OF THE BOOTH, WILL REQUIRE A LABOR CHARGE. A LAYOUT OF THE SPECIAL LOCATIONS MUST BE ATTACHED WITH YOUR ORDER.

	QUANTITY	RATE PER HOUR	AMOUNT
MONDAY-FRIDAY (EXCEPT HOLIDAYS) 8:00 AM-4:30 PM		\$ 75 Reg.	
MONDAY-FRIDAY 4:30 PM-8:00 AM, SATURDAYS, SUNDAYS & HOLIDAYS		\$ 150 O.T.	

**Minimum Labor Charge is 1 hour**

SUBTOTAL	\$
Add Florida State Sales Tax 6%	\$
If Tax Exempt a valid Florida Tax Exemption certificate must accompany this order.	
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>

**PLEASE COMPLETE THE PAYMENT INFORMATION LEGIBLY. ALL INFORMATION IS MANDATORY..THANK YOU.**

METHOD OF PAYMENT: CREDIT CARD INFORMATION IS REQUIRED REGARDLESS OF PAYMENT METHOD

Payment in U.S. Dollars or Credit Card authorization must accompany order to process service request. Labor charges & additional usage may be assessed on the exhibit floor and payment in full must be rendered upon presentation of final invoice.

PAYING BY:  AMEX  
 MASTER CARD  
 VISA  
 CHECK # \_\_\_\_\_

Payable to Edd Helms Electric

**Edd Helms Electric reserves the right to correct orders figured incorrectly**

CREDIT CARD NUMBER: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ \*\*3 or 4 Digit Security Code on Card: \_\_\_\_\_

\*\*AMEX Code-(4) digits on front / All other credit cards Code-(3) digits on back

CARD HOLDER'S NAME: \_\_\_\_\_

CARD HOLDER'S SIGNATURE: \_\_\_\_\_

Complete Credit Card Billing Address:

\_\_\_\_\_

If method of payment is by check, please make payable to Edd Helms Electric.

**All orders require an authorized signed credit card on file before any work can be performed.**  
**By signing this form you agree to Edd Helms Electric's terms and conditions.**

**IMPORTANT TERMS, CONDITIONS AND REGULATIONS**

1. Orders must be received, with valid payment, a minimum of 14 days prior to show date to be eligible for advance rate. The advanced rate cutoff date is clearly indicated on the top of the electrical order form.
2. Conditions for processing service order forms are:
  - a. Payment for service MUST accompany service request. Date valid payment is received shall determine the applicable rate.
  - b. Personal checks will be subject to credit verification.
  - c. Incomplete hook-up or power requirement information will delay processing.
  - d. Booth Number(s) must be identified on face of form.
  - e. Location of power in booth(s) must be clearly marked on grid or provide prints or layouts if available.
3. Electrical work, other than that listed in unit price schedule on reverse side, will be charged on an hourly rate as shown. Minimum labor charge is ONE hour.
4. Credit will not be given for electrical service installed and not used. Electrical service is normally installed approximately 24-48 hours prior to Exhibitor move in date.
5. Under NO CIRCUMSTANCES shall anyone other than an Edd Helms Electric electrician install fixtures or make electrical connections.
6. All material and equipment furnished by Edd Helms Electric for this service order shall remain the property of Edd Helms Electric and shall be removed ONLY by Edd Helms Electric at the close of the show.
7. All equipment regardless of source of power, must comply with Federal, State, and local codes. Edd Helms Electric reserves the right to inspect all electrical devices and connections to ensure compliance with all codes. Edd Helms Electric is required to refuse connections where the exhibitor wiring is not in accordance with local electrical codes. You will be charged for inspections.
8. Permanent building utility outlets are not a part of booth space and are not to be used by exhibitors.
9. Use of open clip sockets, latex or lamp cord wire, duplex or triplex attachments plugs, or non-U. L. approved equipment is prohibited.
10. If your U.L. fixtures are not a permanent part of your booth, they MUST be installed by Edd Helms Electric.
11. All exhibitors' cords must be of the 3-wire grounded type. All exposed non-current carrying metal parts of fixed equipment, which are liable to be energized, shall be grounded.
12. All claims or disputes regarding service orders must be settled at the show and submitted in writing to the show service desk. No adjustments will be made after the show closes.
13. Labor rates are based upon current wage rates and are subject to change without notice.
14. All service connections and overload protection to equipment must be made by Edd Helms Electric.
15. All electrical equipment must be properly tagged and wired with complete information as to type of current, voltage, phase, cycle, horsepower, etc.
16. Electrical power for lights and displays will be turned on one half-hour prior to show opening and turned off one half hour after show closing.
17. Unless otherwise directed, Edd Helms Electric electricians are authorized to cut floor coverings to permit installation of service.
18. Rates quoted for all connections cover only the bringing of service to the booth in the most convenient manner and do not include connecting equipment and special wiring. Island displays, special wiring connections, or service locations requested at other than the rear of booth, shall incur additional charges for labor and material.
19. Standard electrical service available:  
120 Volt, A.C. Single Phase, 60 Cycle  
208 Volt, A.C. Single Phase, 60 Cycle  
208 Volt, A.C. Three Phase, 60 Cycle  
Special voltage available on request, 14 days prior to event.
20. Past due balances are subject to past due penalties (plus cost of collections).
21. Exhibitor holds Edd Helms Electric harmless for any and all losses of power beyond Edd Helms Electric control including, but not limited to, losses due to utility company failure, permanent power distribution failure, power failure caused by vandalism, faulty exhibitor equipment, or overloads caused by exhibitor.



return completed form by email to [rfq@lsav.tv](mailto:rfq@lsav.tv)  
or fax to 312-491-0125

Submit Order

**COMPANY INFORMATION**

COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 ADDRESS (continued): \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 ORDERED BY: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**EVENT INFORMATION**

EVENT NAME: \_\_\_\_\_  
 ROOM #: \_\_\_\_\_  
 ONSITE CONTACT: \_\_\_\_\_  
 BOOTH #: \_\_\_\_\_  
 DELIVER Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 PICKUP Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CONTACT US**

**Lakeshore Audiovisual**  
 3912 W. McLean Ave. Bldg. D  
 Chicago, IL 60647  
 p | 847-516-9196  
 f | 312-491-0125  
[rfq@lsav.tv](mailto:rfq@lsav.tv)

**Event Labor Rates and Terms**

Call and speak to an account executive for an explanation of labor rates and terms and for an estimate of the labor required for your event.

CALL 847-516-9196

**Cancellation**

Written cancellation of ordered equipment and services must be received 24 hours prior to delivery. Failure to do so will result in a 100% charge to your account

Prices effective January 1, 2009 and are subject to change without notice.

Prices reflect daily rates unless otherwise noted. To ensure availability, please reserve equipment 30 days in advance. Premium charges may apply to orders placed within 48 hours of meeting date.

Your Order Totals

Services/Equipment Total	
Labor Total	
30% of Equipment Sub Total (\$150 Minimum)	
<b>Add! UNION Labor is required for Large Plasmas or Rigging</b>	
<b>TOTAL (*Tax will be applied during final billing)</b>	

credit card information

Visa  Mastercard  AmEx  Wire Transfer\*\*  
 card #: \_\_\_\_\_ v code \* \_\_\_\_\_  
 expiration: month \_\_\_\_\_ year \_\_\_\_\_

\* 3 digit number on back of Visa or MC cards OR \* 4 digit number on front of AmEx card.  
 \*\*Midwest Bank & Trust; Bensenville, IL 60106 / ABAF: 071922955 ACCT#: 3024049  
 (Client is responsible for all transfer fees. **Add 3% for Credit Card fee**)

The undersigned has read and agrees to all of the terms and conditions, and labor rates of this rental agreement. The undersigned authorizes LSAV to charge the above listed credit card for the equipment, labor and/or services detailed in this agreement, and for any client approved add-ons and change orders.

Digital Signature \_\_\_\_\_

Order Online

**PRODUCTION & CREATIVE SERVICES**

- event design from concept to closing curtain
- message assessment and strategy
- theme creation and development
- scripting
- story boarding
- show design
- show direction
- video conception and creation
- music design
- art direction
- 2d and 3d graphics
- animations
- speaker support
- set design and construction
- talent and speaker booking

visit us on the web at

[www.lsav.tv](http://www.lsav.tv)



## LSAV, Inc. rental agreement - terms & conditions

1. **PAYMENT TERMS**  
Lessee agrees to pay Lakeshore Audiovisual, Inc. (hereinafter "LSAV") all charges indicated on this Rental Contract which includes these Terms and Conditions and any equipment that is rented pursuant to the terms set forth herein (the "Equipment") or labor overages. Payment is due and payable in full upon signing this Rental Contract unless otherwise negotiated and agreed to in writing on a Commencement of Work document.
2. **ESTIMATES**  
In connection with this Rental Contract or any contract entered into between LSAV and Lessee, any estimate provided to Lessee in connection with the expected labor hours and number of days the Equipment is solely an estimate. In the event that the actual hours, actual quantities of Equipment rented hereunder or actual days the Equipment is rented is greater than the amount indicated in any proposal, Lessee will be charged for those overages at LSAV's standard rates less any applicable discounts.
3. **DAMAGE WAIVER**  
All Equipment has been inspected upon delivery and Lessee acknowledges and warrants that all Equipment was received in good and working order. Lessee agrees to pay for any and all damages on account of lost, damaged or stolen equipment and/or loss caused by Lessee's accident, misuse or neglect. Should the Equipment listed on this Rental Contract malfunction for any reason and at no fault of Lessee, LSAV will only be responsible for the repair of listed Equipment but WILL NOT be held responsible for any damages or loss caused as a result of the Equipment malfunctioning.
4. **SUBLEASE**  
With the prior written consent of LSAV, Lessee shall have the right to sublease the Equipment and, in the event of a sublease, Lessee shall be fully responsible for all insurance on, repair and replacement of, and reclamation of the Equipment. LSAV reserves the right to replace the Equipment at Lessee's expense at full retail value if the subleased Equipment is lost, damaged or untimely returned.
5. **TITLE**  
The parties intend to create a rental agreement and the relationship of lessor and lessee between themselves. The terms set forth herein shall not be construed or interpreted to create or imply the existence of a finance lease or installment lease or sales contract. Title to the Equipment shall at all times be vested in LSAV, and no right, title or interest in the Equipment shall pass to Lessee other than the use of the Equipment for the rental period as agreed to by the parties, which right is conditioned upon Lessee's compliance with this Rental Contract.
6. **SURRENDER / EQUIPMENT HANDLING**  
On the expiration or earlier termination of this Rental Contract, Lessee shall return the Equipment in good repair, condition and working order, subject only to reasonable wear and tear. All Equipment must be handled by LSAV personnel only. Equipment may not be moved, stored, or serviced by Lessee or any other party. Lessee may not operate the Equipment unless authorized by LSAV. Lessee agrees that LSAV shall have the right to enter the premises where the Equipment is located and shall have access to the Equipment at all times.
7. **CANCELLATION**  
Unless otherwise negotiated or agreed to in writing on a Commencement of Work Document, the following monies shall be payable by Lessee to LSAV in the event of cancellation prior to the expiration of the rental period set forth on this Rental Contract: (1) if cancellation is made by Lessee more than seventy-two (72) hours prior to the scheduled performance then said expenses paid by LSAV on Lessee's behalf (including contractual obligations) plus fifty percent (50%) of the fee shall be charged to and immediately paid by Lessee to LSAV; or (2) if cancellation is made within seventy-two (72) hours, full rental contract price for the entire duration set forth on this Rental Contract is due and payable.
8. **DEFAULT**  
If Lessee fails to pay rent or otherwise fails to observe, keep or perform any provision of this Rental Contract, or if Lessee should enter into voluntary or involuntary bankruptcy or receivership or other legal impediment which could impair the Equipment, LSAV shall have the right to:
  - (a) Enter Lessee's premises and reclaim the Equipment at Lessee's premises or at site of any subleases without demand or notice to Lessee or court order or other processes of law, and declare the entire amount of rent immediately due and payable without demand or notice to Lessee. Lessee waives any damages occasioned by such reclamation. Any reclamation shall not constitute a termination of this Rental Contract unless LSAV expressly notifies Lessee in writing;
  - (b) Sue to recover all rents and any other amounts owed or accruing to LSAV;
  - (c) Terminate this Rental Contract as to any or all items of Equipment; and/or
  - (d) Exercise any other remedy at law or equity.All such remedies are cumulative and may be exercised concurrently or separately. The exercise of any remedy shall not release Lessee from this Rental Contract and Lessee shall remain liable for the full performance of all obligations to be performed by Lessee under this Rental Contract.
9. **CREDIT ITEMS**  
All open accounts require prior credit approval. Should collection under the terms of this Rental Contract commence, Lessee agrees to pay all collection costs which include, but are not limited to, Equipment recovery costs, storage charges, attorneys' fees and court costs.
10. **CHOICE OF LAW AND VENUE**  
The interpretation and affect of this Rental Contract and the related agreements shall be governed by and construed in accordance with the internal laws (as opposed to the conflicts of law provisions) of the State of Illinois. Any litigation arising out of or related to this Rental Contract shall be instituted and prosecuted only in the appropriate state or federal court situated in Cook County, Illinois. The parties submit to the exclusive jurisdiction and venue of such courts for purposes of any such action and the enforcement of any judgment or order arising therefrom. Each party waives any right to a change of venue and any and all objections to the jurisdiction of the state and federal courts located in Cook County, Illinois.
11. **ATTORNEY'S FEES**  
In the event either party, institutes any action arising out of, related to, or for the breach of, this Rental Contract, the prevailing party shall be awarded reasonable attorneys' fees and costs.
12. **CONDITION OF EQUIPMENT**  
LSAV maintains and services the Equipment in accordance with manufacturers' specifications and industry practice. LSAV does not, however, warrant or guarantee that the Equipment or services being provided will be free of defect, malfunction or operator error. If the Equipment malfunctions or does not operate properly during the event for any reason whatsoever, Lessee agrees to immediately notify LSAV's on-site representative. LSAV will attempt to remedy the problem as soon as possible so that the event is not interrupted. Lessee agrees and acknowledges that LSAV assumes no responsibility for any loss, cost, damage or injury to persons or property in connection or as a result of inoperable Equipment or otherwise.
13. **LIMITATION OF LIABILITY AND INSURANCE**  
Lessee agrees to defend, indemnify and hold LSAV and its officers, directors, employees, successors and assigns harmless from any and all claims arising out of any violation of any law, rule, regulation or order, and from any and all claims or liabilities for loss, damages or injury to persons or property of whatever kind or nature arising from the use or operation of the Equipment, or from the negligence or carelessness of the agents or employees of Lessee. Additionally, LSAV shall not be liable for any special or consequential damages including lost profits arising relating to the Equipment, the services or this Rental Contract. Lessee shall notify LSAV promptly of any accident involving the Equipment. Lessee shall obtain contractual insurance in connection with this Rental Contract and pursuant to this paragraph, in an amount satisfactory to LSAV and provide proof of such insurance upon request of LSAV.
14. **SEVERABILITY**  
In the event that any provision of this Rental Contract shall be unenforceable or inoperative as a matter of law, the remaining provisions shall remain in full force and effect and be construed as though such unenforceable or inoperative provisions had never been a part of hereof.
15. **CONSTRUCTION CLAUSE**  
For the purpose of interpretation, the language in this Rental Contract shall be deemed to be the language of both parties and neither party shall be deemed to be the drafting party.
16. **SURVIVAL**  
All provisions of this Rental Contract related to indemnification, disclaimers and limitations on liability and all other obligations of the parties that arise in connection with Lessee's rental of Equipment from LSAV shall survive the termination of the rental of such Equipment.
17. **ENTIRE AGREEMENT**  
This Rental Contract incorporates by reference any attached Schedules, Contract, and Commencement of Work, related to this rental order, and contains the parties' entire understanding and may not be modified except in written form signed by both parties.