

116 Marion Road, Cincinnati, OH 45215 **Ph (513) 772-1898** Fax (513) 322-4473 www.academyexpo.com

FORK LIFT ORDER FORM

Jan 19th -21st & Jan 26th-28th, 2024

GREATER CINCINNATI REMODELING EXPO

Sharonville Convention Center

Fork Lift Deadline Date: Tuesday, January 9th

Please FAX complet	ed form to 513	-322-44/3 or emai	i to critchie	wacademyexpo.co	m by Tuesday, January 9th
COMPANY NAME					BOOTH NUMBER
ADDRESS					
CITY					ZIP
PHONE			EMAIL		
		PR	ICE LIST		
			Pre-Order		
			PRICE		DESCRIPTION
	ork Lift Rental			Fork Lift Schedule	
Academy Operator must be used when ordering Fork Lift		Pre-order forklift rental for service during these hours only			
1/2 Hour Minimum Fork Lift with Operator				Set-up Thursday, Jan 18th	8am-6pm
Fork Lift with Operator	1 Hour		\$ 170.00	Friday, Jan 19th	8am-12pm
1 Hour Minimum Fork Lift w/ Operator	Sunday 1/28th	DI ACE (\$225.00 ORDER HERE	<u>Teardown</u> Monday, Jan 29th	8am-1pm
DESCRIPTION	LENGTH OF TIME	DATE/TIME NEEDED	PRICE	TOTAL PRICE	
Fork Lift Rental		`		\$	
				\$	
				\$	
				\$	
I Agree in placing this order that I have All Iter		All Items O	rdered	\$	
accepted Academy's Payment Policy and 7.8% Renta			\$		
Academy's Terms & Conditions of Contract. 3% Credit Ca			\$		
			\$		
		Exp Date			
Credit Card Number			CVV#		
Name on Card					
Billing Address on Credit C	Card				
Authorized Signature	х				

ACADEMY EXPO, 116 MARION ROAD, CINCINNATI, OH 45215 Phone (513) 772-1898 Fax (513) 322-4473

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ADDITIONAL EQUIPMENT ORDER FORM

January 19-21 & January 26-28, 2024 ~ Sharonville Convention Center

1. Complete & fax to (513) 322-4473 or to Cindy's email: critchie@academyexpo.com by the DEADLINE for discounted prices. Academy will email a contract & charge slip to confirm receipt of your order. After the deadline, the higher prices in last column apply and some equipment will not be available, shown as N/A.

PRE SHOW DISCOUNT DEADLINE - ORDER BY Tuesday, January 9th, 2024

- 2. Your booth includes PIPE & DRAPE ONLY. Use this form to order equipment for your booth.
- 3. Complete the following area if you want to rent any equipment to be ADDED to your booth:

	•		•	After
	D			Jan 9th
	Discounted			Deadline
EQUIPMENT	PRICES	QTY	\$ TOTAL	PRICES
8' x 30" Table, covered & skirted(show colors)	\$90.00 X			\$ 180.00
6' x 30" Table, covered & skirted (show colors)	\$75.00 X			\$ 150.00
6' or 8' TALL Table(40") cover/skirt(show colors)	\$105.00 X			N/A
30" Round Table with White Linen	\$60.00 X			N/A
30" Round TALL Table with White Linen	\$65.00 X			N/A
Any size, plain table (Indicate size:	\$45.00 X			\$ 90.00
Folding Chair, black	\$ 9.00 X			\$ 18.00
6' x 18" Table, covered & skirted (show colors)	\$75.00 X			N/A
4' x 24" Table, covered & skirted (show colors)	\$65.00 X			N/A
Carpet, per Single booth space- (show colors)	\$150.00 X			\$ 300.00
Carpet Padding, per Single booth space	\$65.00 X			N/A
Waste can	\$15.00 X		_	N/A
(c) 1 1' 1' PY A CYZ 11 WWW. 11	<u> </u>	1	· · · DI · GII	

(Show color skirting is BLACK with a WHITE table cover. Show color carpet is BLACK.)

Complete payment information, <u>Credit Card Only</u> , All Credit Credit Card TypeCVV#	Subtotal	\$_
Credit Card #	Tax (7.8%)	\$_
Name on Card	3% CC Fee	\$_
Card Expiration Date	Total Due	\$_
Card Billing Address, State & Zip		
Complete information, sign & fax this form:		
Company Name	_	
Company Name Address	_ _	
Company Name Address City/State/Zip	 	
Company Name Address City/State/Zip Phone #	 	
Address City/State/Zip		

Date

Signature

GREATER CINCINNATI REMODELING EXPO

1. You are resp		rrier and scheduling y	your shipment to us. Shipme	
			Academy. Drayage charges	apply.
2. Clearly addr	ess each container to:	Academy Expo		
			ati Remodeling Expo 2	2024
		<u>"Your Name & E</u>	<u> 3ooth Number"</u>	
		116 Marion Road	l, Cincinnati, OH 45215	
		Phone (513) 772	-1898 Fax (513) 322-4	4473
3. Payment by	y credit card only. All Credit	` ,		
4. Total numb	oer of containers (#):			
5. Rates:	\$ 1.25 per pound			
	(Minimum payment requir	ed \$50.00 for 1-40 lbs	s.)	
	Total weight of packages sl	hipped to Academy (ll	bs) :	
	7.8% Sales Tax			
	3% CC Processing Fee			
	Total amount due (\$):			
6. Your Comp	any Name:			
	oany Address:			
Comp	oany City / State / Zipcode:			
Phone	e Number:			
E-MA	IL:			
Conta	act Person:			
Your	Booth #:	_		
7. <u>DEADLIN</u>	E: All material mus		<u>ore</u>	
	<u>Tuesday, Jan</u>	<u>ıuary 9th, 2024</u>		
Shipments	received after the dea	idline will incur a	ı \$125.00 late fee.	
8. Academy w	vill store & deliver your con	tainer(s) to your boot	th at the meeting site.	
			up or breakdown of materia	ıls.
9. *** Affix yo	our carriers PREPAID ship	oping return labels &	& our "Return Drayage Fo	rm" to
			ickup from our warehous	e on either
Wednesday, Januar	y 31 st or Thursday, Febru	ary ^{1st,} 2024.		
10. Fax this cor	npleted, signed form to # (513) 322-4473 with y	our credit card information	1:
	TYPECRED			
	#			
NAME as it ap	pears ON CARD			
BILLING ADDI	RESS			
BILLING STAT	TE / ZIP			
Person responsible for	or this information and its ϵ	execution:		
Name		Title	Date	_



RETURN DRAYAGE FORM

MY COMPANY N	AME	
MY BOOTH #		
MY RETURN PAC	CKAGES ARE SHIPPI	NG TO:
COMPANY		
ATTN:		
ADDRESS		
CITY	STATE	ZIP
# of boxes returned_		_
Approximate total w	eight	_
Name of Carrier		_

PLEASE attach your completed, **pre-paid shipping labels** to each of the packages you are returning with **this form** and **call your carrier to schedule** pickup from Academy Expo.

**** Please be sure to complete this form and attach it, with your pre-paid shipping labels, to your boxes to ensure a prompt return.

Questions? Contact Cindy Ritchie by phone# 513-772-1898 or email: critchie@academyexpo.com

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