

LABOR ORDER FORM

Laser Exhibitor Service - Chicago

19906 Patricia Lane Mokena IL 60448

Office: 708-479-4444 Fax: 708-479-7997

laserchicago@SBCGlobal.net



PO or Job No.	
Labor Rates	
ST \$	OT\$

Exhibitor Information	Client Info
Exhibitor: _____	Order by: _____ Phone: _____
Show: _____	Fax: _____ Page/Cell: _____
Dates: _____	Company: _____
City: _____	Address: _____
Facility: _____	
Booth#: _____ Size: _____	Email : _____

Booth Information	Freight
Type: _____ Floor: _____	Inbound: _____ Date: _____ Time: _____
Crated: _____ Prints: _____	Carrier: _____
Carpet: _____ Hang sign: _____	Contact _____ Phone: _____
Pad: _____ Carpt Elec: _____	Pieces: _____ Weight: _____
Visqueen: _____ Net Cable: _____	Outbound: _____ Split: _____
Forklift: _____ Genie: _____	Bill: _____ Carrier: _____
Scaffold: _____	Ship to: _____
Ladders: _____	
Other: _____	

Install / Dismantle Info						Supervision
Labor	Day	Date	Time	Workers	Hours	
						Installation Name: _____ Co.: _____ Cell: _____ Dismantle Name: _____ Co.: _____ Cell: _____

Show Management	EAC Letter:	General Contractor
Company: _____	_____	Company: _____
Contact _____		Contact _____
Phone: _____ Fax: _____		Ph/Fax: _____
Address: _____		Address: _____

Notes:	Billing Info
	Company: _____
	Contact _____
	Ph/Fax: _____
	Address: _____