

SIGN HANGING ORDER FORM

GENERAL SIGN HANGING INFORMATION

- Capital is responsible for supervision, assembly, installation and removal of all hanging signs
- All orders **MUST** be received with payment to Capital 14 days prior to move-in.
- All hanging signs must conform to Show Management rules and regulations and facility limitations.
- All signs must have approved hanging points with the exception of cloth banners. Capital reserves the right to refuse to hang a sign if, in their opinion, it appears unsafe.
- A detailed diagram showing location of sign hanging must be submitted with order.
- All signs requiring electrical must be in accordance with the National Electrical Code.
- If signs require assembly, dismantling, installation of support devices or hosting cable, work will be done on a time and material basis. All labor to assemble is at the exhibitor's expense.

RATES: Straight-time Overtime
 \$150.00 per hr. \$200.00 per hr. Price includes installation & dismantle

- **Straight time:** 8:00 a.m. to 4:30 p.m. Monday through Friday. One-hour minimum.
- **Overtime:** Before 8:00a.m. and after 4:30 p.m. Monday through Friday, and all hours on Saturday, Sunday and observed holidays. One-hour minimum.
- **Orders placed on show site:** Add 20% to hourly rates.

CALCULATE SIGN HANGING LABOR

	DATE	TIME	# LIFT	TOTAL HRS	RATE	TOTAL
Installation	[]	[]	[] x	[] x	[] =	[]
Dismantle	[]	[]	[] x	[] x	[] =	[]
TOTAL COST:						[]

EXHIBITOR SUPERVISION

Please provide a contact name and phone number for the person in charge of sign hanging.

Contact Name: _____
 Phone #: _____

Preferred date: _____ Preferred time: _____ Hours to assemble _____

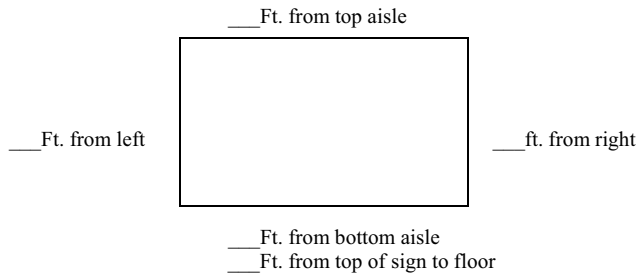
CAPITAL SUPERVISION

Does the sign need to be assembled? ___ Yes ___ No
 May Capital hang and/or assemble the sign with out exhibitor supervision? ___ Yes ___ No
 30% supervision charge applies.

PLEASE PROVIDE INFORMATION FOR ACCURATE SIGN HANGING

Weight [] Height [] Length [] # of hanging points []

SIGN DECRPTION: [] Fabric/Cloth [] Non-Fabric [] Circle [] Rectangle [] Square



EXHIBITOR NAME: _____ **TEL #:** _____

BILLING ADDRESS: _____ **FAX #:** _____

CITY/STATE/ZIP: _____ **AUTHORIZED BY:** _____

BOOTH #: _____ **EMAIL:** _____