



Shepard Exposition Services

1531 Carroll Drive, NW

Atlanta, GA 30318

Customer Service Phone: (404) 720-8600

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Customer Service Email: [atlanta@shepardes.com](mailto:atlanta@shepardes.com)

Event Code: G143840911

**Discount Deadline: August 23, 2011**

## SIGNATURE SERIES PACKAGES

BusCon

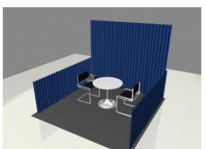
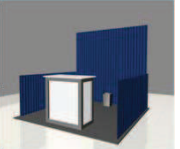
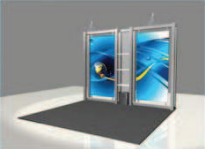
September 13-14, 2011

Navy Pier-Chicago

Chicago, Illinois

### Signature Series - We Make Exhibiting EZ!!

Signature Series Packages offer one stop shopping convenience for all of your trade show needs.

100 SERIES PACKAGE				200 SERIES PACKAGE																			
~ 10'x10' Expo Carpet (Select Color) 50255 <input type="checkbox"/> (01) Red <input type="checkbox"/> (13) Teal <input type="checkbox"/> (06) Black <input type="checkbox"/> (05) Blue <input type="checkbox"/> (10) Grey <input type="checkbox"/> (07) Burgundy				~ 10'x10' Expo Carpet (Select Color) 50255 <input type="checkbox"/> (01) Red <input type="checkbox"/> (13) Teal <input type="checkbox"/> (06) Black <input type="checkbox"/> (05) Blue <input type="checkbox"/> (10) Grey <input type="checkbox"/> (07) Burgundy																			
~ 6'Lx42"H Skirted Counter (Select Color) 50047 <input type="checkbox"/> (01) Red <input type="checkbox"/> (04) Gold <input type="checkbox"/> (07) Burgundy <input type="checkbox"/> (02) Green <input type="checkbox"/> (05) Blue <input type="checkbox"/> (10) Grey <input type="checkbox"/> (03) White <input type="checkbox"/> (06) Black <input type="checkbox"/> (13) Teal				~ 30" Star Base Pedestal Table 50032 ~ (2) Padded Arm Chairs 50021 ~ Wastebasket 50091 ~ One Time Vacuuming for 100 sq. ft. 47011 ~ Up to 200 lbs. Material Handling* 35030/35010																			
~ (2) Padded Stools with Back 50024 ~ Wastebasket 50091 ~ One Time Vacuuming for 100 sq. ft. 47011 ~ 200 lbs. Material Handling* 35030/35010																							
<table border="1"> <thead> <tr> <th>Qty.</th> <th>Discount</th> <th>Regular</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>66320</td> <td>1002.90</td> <td>1303.75</td> <td></td> </tr> </tbody> </table>				Qty.	Discount	Regular	Amount	66320	1002.90	1303.75		<table border="1"> <thead> <tr> <th>Qty.</th> <th>Discount</th> <th>Regular</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>66323</td> <td>1010.65</td> <td>1313.85</td> <td></td> </tr> </tbody> </table>				Qty.	Discount	Regular	Amount	66323	1010.65	1313.85	
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~ 1 Meter Locking Cabinet (LC3) 66284 ~ Wastebasket 50091 ~ One Time Vacuuming for 100 sq. ft. 47011 ~ Up to 200 lbs. Material Handling* 35030/35010				~ 10'x10' New York Booth 66262 ~ Wastebasket 50091 ~ One Time Vacuuming for 100 sq. ft. 47011 ~ Up to 200 lbs. Material Handling* 35030/35010																			
																							
<table border="1"> <thead> <tr> <th>Qty.</th> <th>Discount</th> <th>Regular</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>66326</td> <td>1169.85</td> <td>1520.80</td> <td></td> </tr> </tbody> </table>				Qty.	Discount	Regular	Amount	66326	1169.85	1520.80		<table border="1"> <thead> <tr> <th>Qty.</th> <th>Discount</th> <th>Regular</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>66329</td> <td>3057.90</td> <td>3975.25</td> <td></td> </tr> </tbody> </table>				Qty.	Discount	Regular	Amount	66329	3057.90	3975.25	
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\*Some restrictions may apply - material handling based on standard freight, does not include late to warehouse surcharges, special handling, marshaling yard or other applicable fees.

**GO GOLD!!** Upgrade your package to include 100 sq. ft. of 1/2" Carpet Padding (50009) and Visqueen (50010). \$110.00

**GO PLATINUM!!** Includes the Gold Upgrade plus daily vacuuming and (1) 500 watt electrical drop. \$275.00

Please complete the following:

**Company Name:** \_\_\_\_\_ **Booth #:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Authorized Signature:** \_\_\_\_\_

Subtotal:	\$
6.250% Tax:	\$
Amount Due:	\$

Signature also indicates you read and accept the Payment Policy and Terms and Conditions.

Must order by discount deadline date to receive discounted pricing. Payment Authorization must be completed and returned with order.

There are no exchanges or refunds once item has been delivered to your booth. Cancellation must be received 24 hours prior to first exhibitor move-in day.



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# PAYMENT AUTHORIZATION

**BusCon**

**September 13-14, 2011**

**Navy Pier-Chicago  
 Chicago, Illinois**

Please complete the information requested below and return this form with your orders. You may choose to pay by credit card, check payable to Shepard Exposition Services, or bank wire transfer. However, we require your credit card authorization to be on file before we process your order(s) for service. We will use this authorization to charge your credit card account for any additional amounts incurred as a result of show site orders placed by your representative to include material handling charges for shipments received on your company's behalf and any unpaid balance due for Shepard services. **Credits for services will be issued at show site only.**

## WIRE TRANSFER

In order to accurately process the transfer of funds from your account, please complete the following information and fax it along with a copy of the wire receipt to the fax number printed on the header of this page. A \$50 service charge will be added for processing checks drawn on foreign banks. A \$25 service charge will be added for processing U.S. wire transfers. \$50 service charge for international wire transfers.

The following information must be included on the bank copy of the wire transfer confirmation:

Name of show that you are attending - **BusCon**  
 Exhibiting company name  
 Booth number

Account Name: Shepard Exposition Services, Inc. Bank Name: Bank of America, Atlanta, Georgia USA  
 Routing Number: 0260-0959-3 Account Number: 3278494077  
 SWIFT CODE (US): BOFAUS3N SWIFT CODE (INTL): BOFAUS6S

If payment is not received by the date shown above, I hereby agree to have the balance owed to Shepard Exposition Services, Inc. charged to the credit card indicated in the next section.

## CREDIT CARD INFORMATION

Type of Card:     

Credit Card #:

Expiration Date:   
Month Year

Billing Address: \_\_\_\_\_

Security Code:

City, ST, Zip: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

## EXHIBITING COMPANY INFORMATION

Please fill out the following information:

COMPANY NAME: \_\_\_\_\_

BOOTH # \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_

FAX: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_