



Fastener Fair

Charlotte Convention Center - Charlotte, North Carolina
May 19 - 20, 2020

Event Code: G152000520
email atlanta@shepardes.com
phone (404) 720-8600
fax (404) 720-8755

Discount Deadline Wednesday, April 29, 2020

Order with complete Payment Authorization must be received before Discount
Deadline date to receive discounted pricing.

Labor Hours

ST - Straight time: Monday - Friday 8AM - 5PM.
OT - Overtime: Monday - Friday 5PM - 8AM. All hours Saturday and Sunday.
DT - Double-time: Holidays.

Shepard Blue Supervised Install Labor

Table with 4 columns: Code, Discount, Regular, Estimate. Rows for 68066 ST, 68067 OT, 68068 DT.

Shepard Blue Supervised Dismantle Labor

Table with 4 columns: Code, Discount, Regular, Estimate. Rows for 68070 ST, 68071 OT, 68072 DT.

Booth Size: X

\*\*Pricing includes Supervisory fee of 30% over standard labor .

Step One:

Choose Your Service

- Installation
Dismantling
Both

Step Two:

How Many People?

- #
#
#

Step Three:

How Many Hours?

- #
#
#

Step Four:

When Should the Build be Complete?

- Date: Time:
Date: Time:
Date: Time:

Step Five: Tell Us About Your Exhibit!

(this portion must be completed before Shepard can begin any work on your exhibit)

Inbound Freight Advance Warehouse Direct to Show site

Carrier Name Tracking or Pro #
Estimated Arrival Date # of Pieces Estimated Weight

Set Up Information:

Company Contact Name:
Email
Cell Phone #

Drawings/Photos/ Instructions:

- Attached
Emailed to Shepard
With the Exhibit
In crate #

Graphics:

- With Exhibit
Shipped Separately

Electrical Placement

(exhibitor is responsible to order)

- Emailed to Shepard
Drawing Attached
Drawing with Exhibit
Run under carpet

Other Services Ordered:

- Overhead Rigging
Cleaning
AV

Carpet:

- Ordered from Shepard
Exhibitor Owned Carpet
Carpet Padding

Outbound Shipping:

# of Crates
# of Cartons
# of Fiber Cases
# of Pallets

Method:

- Ground
2-Day Air
Next Day Air
Other

Phone #

Must Arrive at Destination By:

Name of Carrier

Date Carrier is Scheduled to Pick Up Freight

If Your Carrier doesn't show? Reroute with SLS
Send to advance warehouse for pick up (\$400 minimum charge)

\*Allow time for empty return when scheduling your pick up

Hours are based on estimates. You will be invoiced for actual time incurred. Minimum one hour per person ordered and half increments thereafter.

Estimated SES Blue Labor: \$
NA Tax\*: \$
Amount Due: \$

Orders cancelled without 48-hour written notice will be charged a one (1) hour cancellation fee.

Company Name: Booth #
Contact Name
Email:
Signature:



# Exhibitor Supervised Labor

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### Discount Deadline **Wednesday, April 29, 2020**

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DT - Double-time: Holidays.  
Holidays:

**Exhibitors may not operate any type of mechanical or powered equipment.**

### Exhibitor Supervised Install Labor

Code		Discount	Regular	Estimate
68060	ST	\$95.20	\$123.75	
68061	OT	\$142.75	\$185.60	
68062	DT	\$190.35	\$247.45	

### Exhibitor Supervised Dismantle Labor

Code		Discount	Regular	Estimate
68063	ST	\$95.20	\$123.75	
68064	OT	\$142.75	\$185.60	
68065	DT	\$190.35	\$247.45	

#### Step One:

Choose your service

- Installation  
 Dismantling  
 Both

#### Step Two:

How many people?

# \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_

#### Step Three:

How many hours?

# \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_

#### Step Four:

Carpet:

- Ordered from Shepard  
 Exhibitor Owned Carpet  
 Carpet Padding

#### Step Five:

Any other details?

Any special tools needed? Ladders? Lifts?

- Ladders  
 Lifts  
 Special Tools: \_\_\_\_\_

Details: \_\_\_\_\_

#### Step Six: Schedule

	Date	Start Time	End Time
Installation Request			
Dismantle Request			

Requested times are not guaranteed and are based on availability.

#### Step Seven: Onsite Contact Info

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Hours are based on estimates. You will be invoiced for actual time incurred. Minimum one hour per person ordered and half increments thereafter.

Orders cancelled without 48-hour written notice will be charged a one (1) hour cancellation fee.

Labor Estimate \$ \_\_\_\_\_  
 NA Tax\*: \$ \_\_\_\_\_  
 Amount Due: \$ \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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