

Remit to:



11001 Decimal Drive, Louisville, Kentucky 40299-2419
 Telephone: 502.266.5101 Fax: 502.266.5102
 Email: orders@gen-expo.com

MATS #79-2019

**Highlift & Rigging Labor
 Order Form - Page 1 of 2**

Discount Deadline Date: Wednesday, March 6, 2019

Cancellation: Cancellation *within 48 hours* of scheduled start will be charged a 1-hour minimum per man at the applicable hourly rate. Cancellations must be received in writing.
Late Request: Requests after deadline will be filled as available.

Labor Policies, Terms & Conditions

If your exhibit includes overhead signs, lighting, or other fixtures that require hanging from the ceiling, you will require a highlift and operator for your installation and dismantle. The highlift comes with one operator. Please complete the attached Overhead Hanging Information Fact Sheet to show placement as well as provide particulars of your overhead hanging properties. **NOTE:** Your company is encouraged to carry insurance covering potential damages or loss associated with your display. Genesis Exposition Services assumes no liability for loss, damage or bodily injury arising out of the installation and/or dismantling of Exhibitor's property by Genesis provided labor. Exhibitor assumes the responsibility and any liability arising therefrom, for the work performed by Genesis labor under Exhibitor's supervision. In any case, the liability of Genesis Exposition Services will be limited to a maximum of 50% of the total labor bill, not to exceed \$1000.

| | |
|----------------------|--|
| Straight Time | Monday - Friday, 8:00 a.m. - 5:00 p.m. |
| Overtime | All other times Monday through Friday, and all day on Saturdays, Sundays & Holidays. In addition, any hours worked on non-published move-in / move-out days will be charged at overtime, with a 5-hour minimum charge. |

- There is a 1-hour minimum charge per highlift w/operator ordered, with billing in 1-hour increments thereafter.
- There is an 8-hour minimum charge per Rigger ordered, with billing in 1-hour increments thereafter, in addition to the cost of the highlift w/operator for actual hours used.
- Exhibit representative must check in at service desk to pick up labor, as well as check the labor back in at the service desk upon completion of work.
- Failure to pick up labor at time requested will result in a 1-hour per highlift w/operator no-show charge and an 8-hour minimum no-show charge per rigger.
- Every attempt will be made to provide labor at the time requested, however, start time guaranteed only at start of work day
- Any highlift and/or rigging labor requested to be performed on day prior to show opening, cannot be guaranteed to be performed on straight time.
- Exhibitor is responsible for rental costs of any hanging sign hardware/rigging materials required, as determined at time of installation.

Labor Rates

| Item | Item Description | Straight Time | Overtime |
|------|---|---------------------------|------------------|
| 1051 | Customer Supervised - Install - Highlift w/Operator - for standard overhead hanging signs, lighting or other fixtures | \$385.00 per hr. | \$520.00 per hr. |
| 1053 | Customer Supervised - Dismantle - Highlift w/Operator - for standard overhead hanging signs, lighting or other fixtures | N/A (Sat./Sun. Dismantle) | \$520.00 per hr. |
| 1021 | Customer Supervised Install - Rigger - only required for overhead signs, lighting, truss or other fixtures requiring mechanical hoists or chain motors due to size or weight. There is an 8-hour minimum per rigger , in addition to cost of highlift w/operator for hours used. | \$133.00 per hr. | \$266.00 per hr. |
| 1023 | Customer Supervised Dismantle - Rigger - only required for overhead signs, lighting, truss or other fixtures requiring mechanical hoists or chain motors due to size or weight. There is an 8-hour minimum per rigger , in addition to cost of highlift w/operator for hours used. | N/A (Sat./Sun. Dismantle) | \$266.00 per hr. |
| 1052 | Genesis Supervised - Install - Highlift w/Operator - for standard overhead hanging signs, lighting or other fixtures | \$500.50 per hr. | \$676.00 per hr. |
| 1054 | Genesis Supervised - Dismantle - Highlift w/Operator - for standard overhead hanging signs, lighting or other fixtures | N/A (Sat./Sun. Dismantle) | \$676.00 per hr. |
| 1025 | Genesis Supervised Install - Rigger - only required for overhead signs, lighting, truss or other fixtures requiring mechanical hoists or chain motors due to size or weight. There is an 8-hour minimum per rigger , in addition to cost of highlift w/operator for hours used. | \$173.00 per hr. | \$346.00 per hr. |
| 1027 | Genesis Supervised Dismantle - Rigger - only required for overhead signs, lighting, truss or other fixtures requiring mechanical hoists or chain motors due to size or weight. There is an 8-hour minimum per rigger , in addition to cost of highlift w/operator for hours used. | N/A (Sat./Sun. Dismantle) | \$346.00 per hr. |

*** All Genesis Supervised labor orders must be submitted with completed Genesis Supervision Factsheet

Labor Order & Calculation of Costs

| Item # | Date Requested | Day of Week | Time Requested | # of Men Requested | Est. S/T hrs. per man | Est. O/T hrs. per man | Total Hours x Rate (___ # of Men x ___ # of Hrs. = ___ Total Hours x Rate) | Estimated Cost |
|-----------------|----------------|-------------|----------------|--------------------|-----------------------|-----------------------|--|----------------|
| Example 1051 | 1/2 | Fri. | 3 AM | 1 | 2 | 1 | 2 Total S/T Hours x \$ 385.00 = \$ 770.00 | \$ 770.00 |
| | | | PM | | | | 1 Total O/T Hours x \$ 520.00 = \$ 520.00 | |
| | | | AM | | | | Total S/T Hours x \$ = \$ | |
| | | | PM | | | | Total O/T Hours x \$ = \$ | |
| | | | AM | | | | Total S/T Hours x \$ = \$ | |
| | | | PM | | | | Total O/T Hours x \$ = \$ | |

(If you have more than two labor orders, please use the "Additional Labor Request Form" attached.)

Supervisor will be: _____

Subtotal = \$ _____

Cell Phone: _____

Copy this subtotal to the **Payment Authorization Form**

Payment Policy: Advance Discount: To obtain the discount pricing, your order with full payment must be received by the deadline date published above. Any orders received before the deadline date without payment will be charged at the standard rates.

Yes, I have reviewed the Payment Policy and enclosed the Payment Form.
 All orders are subject to the terms and conditions as outlined on the payment form.

Booth Number: _____

Company Name _____ Phone _____

Street Address _____ Fax _____

City / State / Zip _____ Print Name _____

Email _____ Signature _____ Date _____

Remit to:



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MATS #79-2019

Overhead Hanging Sign Information Factsheet - Page 2 of 2

Discount Deadline Date: Wednesday, March 6, 2019

Only when provided the complete information requested below, will we be able to install your overhead hanging sign properties. This form must be completed and submitted prior to the deadline date in order to ensure that your properties can be installed. Facility limitations and other exhibitors requirements may dictate restrictions to what may be hung overhead. Lack of this information may result in costly delays such as overtime installation, or no installation, for which we will not be held responsible.

Hanging Properties Facts

Shipping Information: Advance Direct to Show

Type of Sign (Complete separate form for each type of sign)

Banner Structural Signage Truss Systems

Shape of Sign:

Square Rectangle Triangle

Circle Other _____

Dimensions & Weight of Sign:

Width: _____ Length: _____ Height: _____

Weight: _____ # of Structural Pick Points: _____

Pounds @ each point: _____

of feet from floor to top of sign: _____

Does your signage require electrical: Yes No

(if yes, please complete the Electrical Service Order Form)

Does your sign require assembly by Genesis? Yes No

Please provide engineer approved assembly and hanging instructions. Genesis assumes no liability for any claims arising out of the the installation of any sign without approved drawings.

Required Installation / Dismantle Information

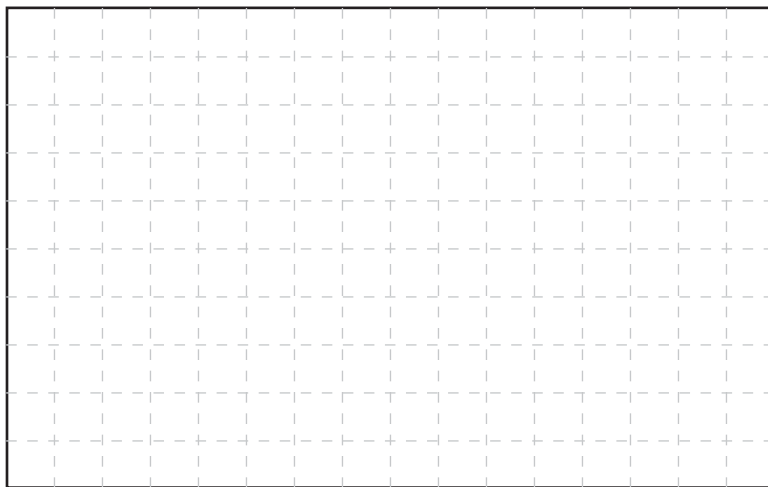
Please use this grid to show placement of your hanging properties.

To use this grid:

1. Use bold lines to indicate the outside of your booth.
2. List dimensions for your booth, as well as your hanging items.
3. Indicate the adjacent booth numbers to show proper orientation.

BACK OF BOOTH (Indicate Adjacent Booth or Aisle Number: _____)

Indicate Adjacent Booth or Aisle Number: _____



Indicate Adjacent Booth or Aisle Number: _____

FRONT OF BOOTH (Indicate Adjacent Booth or Aisle Number: _____)

Payment Policy: **Advance Discount:** To obtain the discount pricing, your order with full payment must be received by the deadline date published above. Any orders received before the deadline date without payment will be charged at the standard rates.

Yes, I have reviewed the *Payment Policy* and enclosed the **Payment Form**. All orders are subject to the terms and conditions as outlined on the payment form.

Booth Number: _____

Company Name _____ Phone _____

Street Address _____ Fax _____

City / State / Zip _____ Print Name _____

Email _____ Signature _____ Date _____

Remit to:



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Genesis Supervised Labor Information Factsheet

**Please note that completion of this form is not necessary if someone from your company will be present to supervise your requested labor.*

Only when provided the complete information requested below will we be able to install/dismantle your booth in a timely fashion. Lack of this information may result in costly delays and/or damages to your booth due to improper installation or packing, for which we will not be held responsible. Failure to provide the information requested will result in this order being processed as a *customer supervised* installation/dismantle. (Copies of this form are acceptable if you have multiple inbound/outbound shipments.)

Inbound Freight Information

Ship To:

(YOUR COMPANY NAME)
c/o Genesis
11001 Decimal Drive
Louisville, KY 40299
MATS 2016 - (Description: Sign, booth, etc.)
(YOUR BOOTH NUMBER)
Must Arrive No Later than:
Thursday, March 8, 2018

Copy of Bill of Lading Attached

Carrier: _____ Ship Date: _____

Shipped By: _____ City & State: _____

Weight: _____ Tracking Number: _____

Number of Pieces: _____ Estimated Arrival Date: _____

Description/Color of Case(s)/Crate(s): _____

*Please note that Genesis will only except shipments that have requested Genesis Supervision to install. All other freight must ship to the KY Exposition Center. Please refer to their "Material Handling Form".

Required Installation / Dismantle Information

- Packing List of all materials shipped including crate/case numbers. Also include copies of inbound Bill(s) of Lading if possible.
- Complete set-up instructions.
- Set-up drawings/pictures, including front view, top view, and side view. If your booth is a bulk area, please provide an overview showing the location of neighboring booths. Also, please include a listing of all graphics and their placement on these diagrams.
- Packing instructions for the proper re-packing of all booth properties.
- Contact name and 24-hour emergency phone number: _____
- All of the above requested Installation / Dismantle information is included within the exhibit shipment.

Outbound Freight Information

You may use the carrier of your choice, however you will need to schedule the pick-up.

Please check with the KY Exposition Center for driver check-in dates & times for carriers other than the official carrier, UPS Freight.

CARRIER SCHEDULED: _____ **SCHEDULED PICK-UP DATE & TIME:** _____

Ship To:

Company Name: _____

Address 1: _____

Address 2: _____

City: _____ St: _____ Zip: _____

Attn: _____ Phone: _____

Bill Freight Charges To: (Complete only if different than ship to address)

Company Name: _____

Address 1: _____

Address 2: _____

City: _____ St: _____ Zip: _____

Attn: _____ Phone: _____

If any of your outbound shipping information changes, please notify us as soon as possible. Genesis Exposition Services will not be responsible for shipments shipped out incorrectly.

Booth Number: _____

Company Name _____

Phone _____

Street Address _____

Fax _____

City / State / Zip _____

Print Name _____

Email _____

Signature _____ Date _____

Remit to:



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MATS #79-2019

**Additional Labor Request
 Order Form**

Discount Deadline Date: Wednesday, March 6, 2019

Cancellation: Cancellation *within 48 hours* of scheduled start will be charged a 1-hour minimum per man at the applicable hourly rate. Cancellations must be received in writing.
Late Request: Requests after deadline will be filled as available.

The Additional Labor Request Order Form is to be used as a continuation of your labor requests from one of the prior labor order forms. For labor codes, pricing, policies, terms and conditions, please refer to the appropriate form. If you require more than twelve labor orders, copies of this form are acceptable.

Labor Order & Calculation of Costs

| Item # | Date Requested | Day of Week | Time Requested | # of Men Requested | Est. S/T hrs. per man | Est. O/T hrs. per man | Total Hours x Rate | | Estimated Cost |
|--------|----------------|-------------|----------------|--------------------|-----------------------|-----------------------|---|-----------------------------|----------------|
| | | | | | | | (# of Men x # of Hrs. = Total Hours x Rate) | | |
| 1017 | 1/2 | Fri. | 3 AM | 2 | 2 | 1 | 4 | Total S/T Hours x \$ 70.00 | = \$ 280.00 |
| | | | PM | | | | 2 | Total O/T Hours x \$ 140.00 | = \$ 280.00 |
| | | | AM | | | | | Total S/T Hours x \$ | = \$ |
| | | | PM | | | | | Total O/T Hours x \$ | = \$ |
| | | | AM | | | | | Total S/T Hours x \$ | = \$ |
| | | | PM | | | | | Total O/T Hours x \$ | = \$ |
| | | | AM | | | | | Total S/T Hours x \$ | = \$ |
| | | | PM | | | | | Total O/T Hours x \$ | = \$ |
| | | | AM | | | | | Total S/T Hours x \$ | = \$ |
| | | | PM | | | | | Total O/T Hours x \$ | = \$ |
| | | | AM | | | | | Total S/T Hours x \$ | = \$ |
| | | | PM | | | | | Total O/T Hours x \$ | = \$ |
| | | | AM | | | | | Total S/T Hours x \$ | = \$ |
| | | | PM | | | | | Total O/T Hours x \$ | = \$ |
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| | | | PM | | | | | Total O/T Hours x \$ | = \$ |
| | | | AM | | | | | Total S/T Hours x \$ | = \$ |
| | | | PM | | | | | Total O/T Hours x \$ | = \$ |

(If you have more than twelve labor orders, please make copies of this form.)

Supervisor will be: _____

Cell Phone: _____

Subtotal = \$ _____

Copy this subtotal to the **Payment Authorization Form**

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Booth Number: _____

Company Name _____ Phone _____

Street Address _____ Fax _____

City / State / Zip _____ Print Name _____

Email _____ Signature _____ Date _____