

# Refrigerated Storage Labor/Delivery Order Form

All orders are governed by the GES Payment Policy and GES Terms & Conditions of Contract as specified in this Exhibitor Services Manual.

IDDBA 18  
Ernest N. Morial Convention Center  
June 10 - 12, 2018

Form Deadline Date:  
May 16, 2018

Company Name \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_ Booth Number \_\_\_\_\_



## Easy Ordering Tips:

- Please complete in detail, the schedule below for all Refrigerated deliveries to booth as well as pick-ups from booth. Frozen and Dry Deliveries on following pages.
- Confirm storage deliveries the previous day prior to 2:30 PM at the GES Servicer desk.

## Refrigerated Deliveries

DATE(S)  
Deliveries will not start until  
Saturday

REQUESTED  
TIME

DESCRIPTION OF ITEMS  
TO BE DELIVERED/PICKED UP  
FROM BOOTH

PRODUCT  
STORAGE  
DELIVERY  
RATE (\$)

# OF  
PALLET

TOTAL

Show site contact for cold storage questions before/after show hours:

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____

**Total and Sign:** Return to Fax: (866) 329-1437 • International Fax: (702) 263-1520

Please  
Sign

X

Authorized Signature

Authorized Name - Please Print

Date

I agree in placing this order that I have accepted GES Payment Policy and GES Terms & Conditions of Contract, including authorization for GES to retain personal information to better serve my need for GES services at future events.

**Total Payment  
Enclosed**

\$



# Frozen Storage Labor/Delivery Order Form

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IDDBA 18  
Ernest N. Morial Convention Center  
June 10 - 12, 2018

Form Deadline Date:  
May 16, 2018

Company Name

Email

Phone Number

Booth Number



## Easy Ordering Tips:

- Please complete in detail, the schedule below for all Frozen deliveries to booth as well as pick-ups from booth. Refrigerated Deliveries on previous page and Dry Deliveries on following page.
- Confirm storage deliveries the previous day prior to 2:30 PM at the GES Servicer desk.

## Frozen Deliveries

	DATE(S) Deliveries will not start until Saturday	REQUESTED TIME	DESCRIPTION OF ITEMS TO BE DELIVERED/PICKED UP FROM BOOTH	PRODUCT STORAGE DELIVERY RATE (\$)	# OF PALLET	TOTAL
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Delivery	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		
Pick-Up	MM/DD/YR	AM/PM		\$ _____ X _____ = \$ _____		

**Total and Sign:** Return to Fax: (866) 329-1437 • International Fax: (702) 263-1520

Please  
Sign

X

Authorized Signature

Authorized Name - Please Print

Date

I agree in placing this order that I have accepted GES Payment Policy and GES Terms & Conditions of Contract, including authorization for GES to retain personal information to better serve my need for GES services at future events.

**Total Payment  
Enclosed**

\$



# Dry Storage Labor/Delivery Order Form

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IDDBA 18  
Ernest N. Morial Convention Center  
June 10 - 12, 2018

Form Deadline Date:  
May 16, 2018

Company Name

Email

Phone Number

Booth Number



## Easy Ordering Tips:

- Please complete in detail, the schedule below for all Dry deliveries to booth as well as pick-ups from booth. Refrigerated and Frozen Deliveries on previous pages.
- Confirm storage deliveries the previous day prior to 2:30 PM at the GES Servicer desk.

## Dry Deliveries

	DATE(S) Deliveries will not start until Saturday	REQUESTED TIME	DESCRIPTION OF ITEMS TO BE DELIVERED/PICKED UP FROM BOOTH	PRODUCT STORAGE DELIVERY RATE (\$)	# OF PALLET	TOTAL
Delivery	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Pick-Up	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Delivery	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Pick-Up	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Delivery	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Pick-Up	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Delivery	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Pick-Up	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Delivery	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Pick-Up	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Delivery	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Pick-Up	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Delivery	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Pick-Up	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Delivery	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		
Pick-Up	MM/DD/YR	AM/PM		\$ ____ X ____ = \$ ____		

**Total and Sign:** Return to Fax: (866) 329-1437 • International Fax: (702) 263-1520

Please  
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X

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Authorized Name - Please Print

Date

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**Total Payment  
Enclosed**

\$

