

S Specialists Booth Layout Form

RETURN TO: Global Experience Specialists, Inc. (GES) • 7000 Lindell Road, Las Vegas, NV 89118-4702 • Fax: 866.329.1437 or 702.263.1520 for international exhibitors Contact us Online: www.ges.com/chat Phone: 800.475.2098 or 702.515.5970 for international exhibitors

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

MANDATORY FORM* International Liver Transplant Society Annual International Congress Sheraton Chicago Hotel and Towers
July 8 - 10, 2015

Form Deadline Date: June 12, 2015

COMPANY NAME					EMAIL ADDRESS BOOTH NUM				
SHOWSITE CONTACT			SHOWSITE CONTACT PHONE #			DATE/TIME OF ARRIVAL CONTACT'S HOTEL (OPTIO			
A unique grid must be c combine services onto a Electrical Forms Display Cases -	a single grid. Pro (For Non-Standa	rint/photoc	opy as nee	ded.	nsure proper	placement of	f items in your booth	. Please do not	
Pegboard / Tack Special Colored Standard Exhibit Pad and Carpet Installation & Dis	board - Form A- Drape - Form A- Systems (if exh (if you are not ca	1 ibit size is s arpeting you							
To use this grid:	le of the grid (i.e.	1 square =	1 foot) or in	ndicate the d	imensions of y	our booth.			
Each square is			_ feet square since my booth is						
	BACK	OF BOO	TH (indicat	te adjacent	booth or ais	le number: _)		
Indicate Adjacent Booth or								Indicate Adjacent Booth or	
Aisle Number:								Aisle Number:	
	FROM	T OF BOX	>T!! (iii	4	nt booth or air	-1			

*This form must be returned to GES for your orders to be processed.

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