

## S Global Experience 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.

American Physical Therapy Association ( Sands Expo and Convention Center, Halls	<b>Form Deadline Date:</b> January 13, 2014				
February 4 - 6, 2014		MAI	MANDATORY FORM*		
COMPANY NAME	EMAIL ADDRESS		BOOTH NUMBER		
SHOWSITE CONTACT	SHOWSITE CONTACT PHONE #	DATE/TIME OF ARRIVAL	CONTACT'S HOTEL (OPTIONAL)		

COMPANY NAME					EMAIL ADDRE	ESS				BOOTH NUME
SHOWSITE CONTACT					SHOWSITE CO	ONTACT PHON	NE#	DATE/TIN	ME OF ARRIVAL	CONTACT'S HOTEL (OPTION
A unique grid must be complicombine services onto a sing  Hanging Signs/Truss  Display Cases - Form Pegboard / Tackboard Special Colored Drape Standard Exhibit Syst Pad and Carpet (if you	Je grid. Print/p - Form H-2 Q-1 d - Form Q-1 e - Form Q-1 ems (if exhibit s u are not carpeti	ohotocopy a	as neede	ed. ooth size)	) - Form Q		cement of	items in	your booth	. Please do not
Fo use this grid:  Use bold lines to indic  Indicate the scale of t  Mark the adjacent boo	cate the outline on the grid (i.e. 1 so oth numbers or	quare = 1 foo aisle numbe	ot) or ind ers.			-		d a la c	<b>5</b>	Alexan
Each squar	e is BACK OF			-			_	-		et long.
Indicate							-			Indicate Adjacent
Adjacent Booth or Aisle Number:										Adjacent Booth or Aisle Number:

FRONT OF BOOTH (indicate adjacent booth or aisle number:\_

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

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