Booth Layout Form

H-3

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.

West Coast Pharmacy Exchange 2014

Marriott's Desert Springs Resort and Spa, Desert Ballroom
April 25 - 26, 2014

Form Deadline Date:
April 3, 2014

MANDATORY FORM*

COMPANY NAME	EMAIL ADDRESS		BOOTH NUMBER
SHOWSITE CONTACT	**SHOWSITE CONTACT PHONE #**	**DATE/TIME OF ARRIVAL**	**CONTACT'S HOTEL (OPTIONAL)**

A unique grid must be completed for each of the following services to ensure proper placement of items in your booth. Please do not combine services onto a single grid. Print/photocopy as needed.

- ☐ Electrical Forms (For Non-Standard Distribution) - Form E-2
- ☐ Display Cases - Form A-1
- ☐ Pegboard / Tackboard - Form A-1
- ☐ Special Colored Drape - Form A-1
- ☐ Standard Exhibit Systems (if exhibit size is smaller than booth size) - Form D-1
- ☐ Pad and Carpet (if you are not carpeting your entire booth) - Form C-1
- ☐ Installation & Dismantling - Form L-1

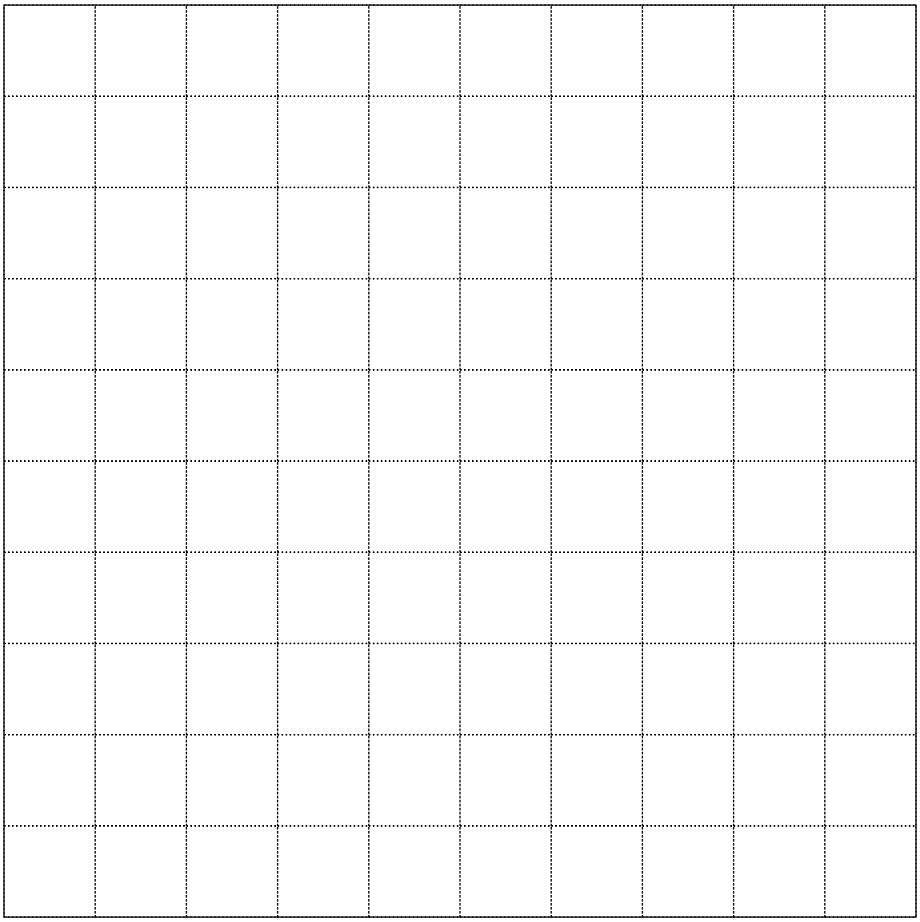
To use this grid:

- Use bold lines to indicate the outline of your booth.
- Indicate the scale of the grid (i.e. 1 square = 1 foot) or indicate the dimensions of your booth.
- Mark the adjacent booth numbers or aisle numbers.

Each square is _____ feet square since my booth is_____ feet wide by_____ feet long.

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:_____)

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

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Need Assistance?
Toll Free: 800.475.2098 | Tel: 702.515.5970 | www.ges.com/chat

Order Directly Online:
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