

RETURN TO: Global Experience Specialists. Inc. (GES) • 7000 Lindell Road. Las Vegas. NV 89118-4702 • Eax: 866.329.1437 or 702.263.1520 for international exhibitors

GES Global Experience Specialists Booth Layout Form

PharmaSUG Hilton San Diego Bayfront, Sapphire Ballroom									Form Deadline Date May 9, 201		
June 2 - 4, 2014									MA	NDATORY FORM*	
COMPANY NAME					EMAIL ADDRE	SS				BOOTH NUM	
HOWSITE CONTACT	SHOWSITE CONTACT PHO				INTACT PHON	NE # DATE/TIME OF ARRIVAL		CONTACT'S HOTEL (OPTION			
A unique grid must be con combine services onto a s					nsure pro	oper plac	ement of	items in	your booth	n. Please do not	
<ul> <li>Display Cases - Fo</li> <li>Pegboard / Tackboo</li> <li>Special Colored Dr</li> <li>Standard Exhibit Sy</li> <li>Pad and Carpet (if</li> <li>Installation &amp; Dismation of the second second</li></ul>	rrm A-1 aard - Form A-1 ape - Form A-1 ystems (if exhibit si you are not carpeti antling - Form L-1 ndicate the outline o of the grid (i.e. 1 sq	ze is smalle ng your enti of your bootl uare = 1 foo	r than be re booth n. ot) or ind	ooth size) ) - Form (	C-1		booth.				
•	_ feet square since my booth is					_feet wide by feet long.					
Indicate Adjacent	BACK OF									Indicate Adjacent	
Booth or Aisle Number:	FRONT O									Booth or Aisle Number:	

