

# 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 19  
 Orange County Convention Center - South Concourse  
 June 2 - 4, 2019

Form Deadline Date:  
 May 8, 2019

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 Servicenter desk.

## Refrigerated Deliveries

	DATE(S) <small>Deliveries will not start until Saturday</small>	REQUESTED TIME	DESCRIPTION OF ITEMS TO BE DELIVERED/PICKED UP FROM BOOTH	PRODUCT STORAGE DELIVERY RATE (\$)	# OF PALLETS	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		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**  \_\_\_\_\_  
 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**

R-16c 010919 Cstm 011019 052600642



# Frozen Storage Labor/Delivery Order Form

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### 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 Servicenter desk.
- Notify the cold storage desk if items from frozen need to be left out to thaw.

## 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 PALLETS

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		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

\$

R-16c 010919 Cstm 011019 052600642



# Dry Storage Labor/Delivery Order Form

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Form Deadline Date:  
May 8, 2019

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 Servicenter desk.
- All Dry Items are delivered directly to booth upon receiving at site. First Storage move should be to move Dry product into storage from booth.

## Dry Deliveries

	DATE(S) <small>Deliveries will not start until Saturday</small>	REQUESTED TIME	DESCRIPTION OF ITEMS TO BE DELIVERED/PICKED UP FROM BOOTH	PRODUCT STORAGE DELIVERY RATE (\$)	# OF PALLETS	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		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**  \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Name - Please Print

\_\_\_\_\_  
Date

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**Total Payment Enclosed** \$ \_\_\_\_\_

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