

**IAAPA
Orange County Convention Center, Orlando, FL
November 19-23, 2024**



Exhibitor Name: _____ Booth No. _____

Please visit www.atlanticshowcases.com to view all cases offered on order form.

TCS Towers:	Circle: 3000K LED OR 6000K LED	Circle: Black or White	PRICE EACH	TOTAL ITEMS	TOTAL
TCS 2020 Tower			\$800.00		
TCS 1639 Tower			\$900.00		
TCS 1651 Tower			\$950.00		
2030 Museum			\$800.00		
2020 Museum			\$800.00		

ELITE CASES	Circle: Black or White	4'	5'	6'			
Elite Full Vision					\$850.00		
Elite Half Vision					\$850.00		
Elite Quarter Vision					\$850.00		

	Full Vision	Half Vision	Quarter Vision			
Elite Corner Case – 39" Sq. Only				\$850.00		

CLASSIC CASES	Black Only	4'	5'	6'			
Classic Half Vision					\$750.00		
Classic Quarter Vision					\$750.00		

	Half Vision	Quarter Vision			
Classic Corner Case - 34" Sq. Only			\$750.00		

PREMIUM ALUMIMUM CASES	White Only	4'	5'	6'			
Premium Full Vision					\$750.00		
Premium Half Vision					\$750.00		
Premium Quarter Vision					\$750.00		
Premium Corner Cases – 36" Sq.		Quarter Vision Only			\$750.00		

STANDARD CASES	Circle: Black or White	4'	5'	6'			
Standard Full Vision					\$650.00		
Standard Half Vision					\$650.00		
Standard Quarter Vision					\$650.00		
Standard Corner Case – 34" Sq. Only		Half Vision Only			\$650.00		
Standard Wall Case					\$1000.00		
Standard See-Thru Case					\$1050.00		
Standard 2020 Tower					\$800.00		

Subtotal

IF ORDERED AFTER 10/28/24 ADD \$100.00 PER CASE

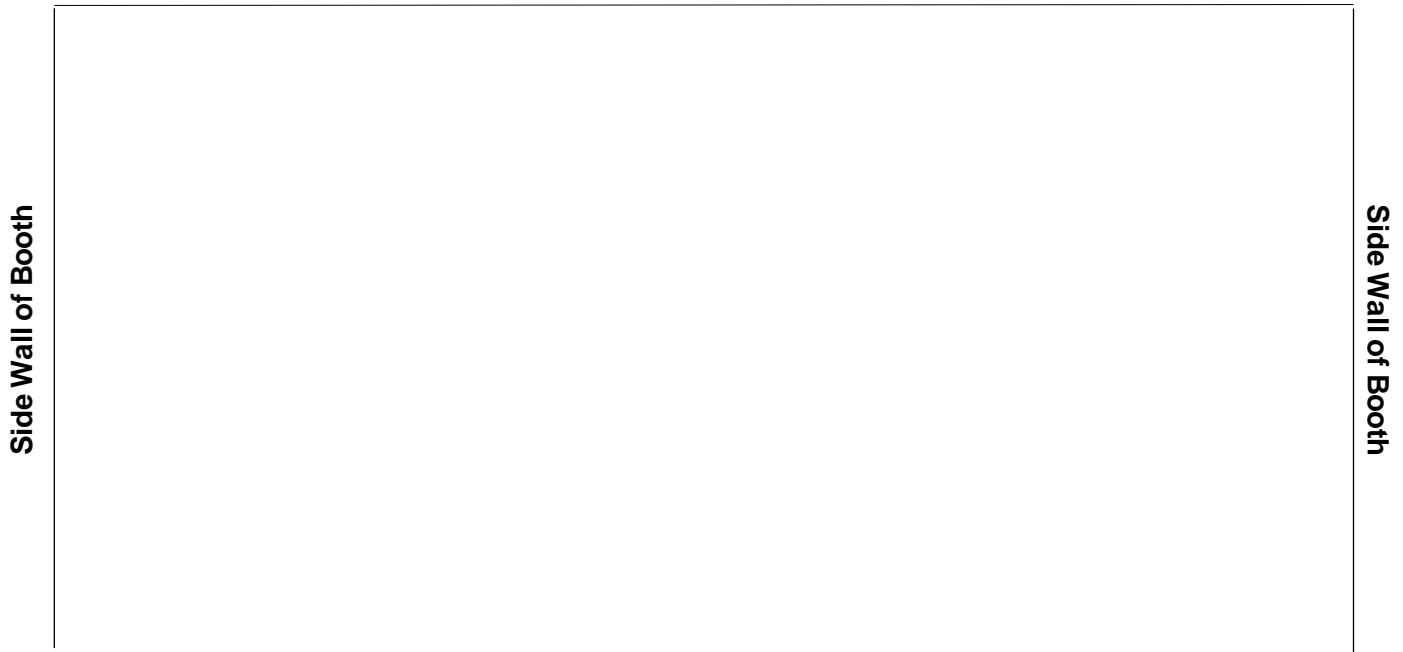
6.5% Sales Tax

TOTAL

Exhibitor Name: _____ Booth Number: _____

Placement of Showcases

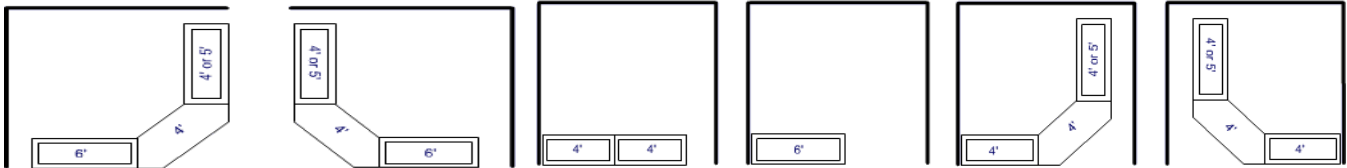
Back Wall of Booth



Booth Opening

Sample Showcase Layouts

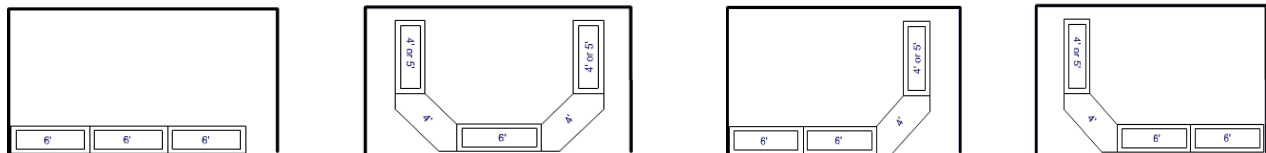
10' X 10' Corner Booths



10' X 10' Booths

10' X 20' Booths

10' X 20' Booths



Submit Orders to: Atlantic Rentals and Sales, Corp.
 301 Essex Road ♦ Tinton Falls, NJ 07753 ♦ Phone 732.922.8958 ♦ Fax 732.922.8951
 Email: info@atlanticshowcases.com ♦ Website: atlanticshowcases.com



Exhibitor Name: _____ Booth Number: _____

PAYMENT INFORMATION

Visa/Mastercard/Discover/American Express

Cardholder's Name: _____

Billing Address: _____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____ CVN: _____

Email: _____

Total Due: _____

Date of Sale: _____

This agreement must be signed by authorized cardholder. Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligation set forth in the Cardholder's agreement with issuer.

Authorized Signature

Date

DISCLAIMER

Cases are rented for display purposes only. We do not warranty the safety thereof. We are not liable for contents, damage or breakage after cases have been delivered.

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