## Key Information\Supervised Labor Checklist

All orders are governed by the GES Payment Policy and GES Terms & Conditions of Contract as specified in this Exhibitor Services Manual.

Chicago Auto Show McCormick Place Convention Center February 8 - 17, 2020

Form Deadline Date: January 17, 2020

To Be Completed By Exhibitor When Order is Placed    Method	Company Name		Email		Phone Number	Booth Number	
Inbound   Freight   Information   Method   Gest Logistics   Common Carrier   AirFreight   Variline   Other	y	<b>-</b>					
Method   GIS Logistics   Common Carrier   AriPreight   Variline   Other	Inhound Eroight Inf		Completed By Exhi	bitor When Orde	r is Placed		
Carrier (Inform)  Contact Number of Cirates Numb	_						
Contact			∐ AirFreight	∐ Vanline	Other		
Number of Fiber Cases	Contact		Phone				
Target Date	Number of Crates	Ship	ped By	Date			
Sheped For (Check One)   Watehouse   Showate   Setup Drawings/Instructions Attached   Rental Carpet Color   Own Carpet Color   Approximate Time for Setup   Padding   Approximate Time for Setup   Discription   Description   Desc		Colo	r e Display	Pro N	Number		
Setup Drawings/Instructions Attached   Rental Carpet Color   Padding   Number of Kapping With Exhibit   Padding				Orale	ou Display		
Setup Drawings With Exhibit	Setup Information f	or GES Installation	on				
Setup Drawings With Exhibit			511	☐ Rental Carpe	et Color		
Case/Crate Number	= ' -			=			
Approximate Time for Setup	_						
Forkitt Ordered Hrs.	_						
Number of Graphics		•					
Number of Lights   Number of Light Boxes   Description							
Did You Order   Electrical Outlets   Yes   No				Description			
Electrical Drawings  Attached  Sent to the Official Electrical Contractor  With the Exhibit   Booth Cleaning  Yes  No  Other Items   Furniture  Yes  No   Furniture  Yes  No    Furniture  Yes  No     Tear-down Drawingswith Exhibit	- <del></del>						
Electrical Drawings	_	o Electrical Labor	/Boothwork 🗆 Voc.	□ No	Floatrical Under Carnet	□ Ves □ No	
Booth Cleaning   Yes   No   Other Items   Furniture   Yes   No   AV Equipment   Yes   No   Tear-down Information for GES Dismantle   Tear-down Drawings/Instructions Attached   Rental Carpet Color   Tear-down Drawings/Instructions Attached   Padding   Case/Crate Number   Padding   Number of Workers Required for Tear-down   Forklift Ordered Hrs.   Time   Special Equipment Required   Description   Description   Description   Description   Outbound Freight Information Outbound Freight Charges   Consigned To   Praid   Collect (for non-GES Logistics Shipments only)   Bill To   Second Consignee   Address   GES Storage   Address   City/State/Zip/Postal Code/Country   Second Consignee   Address   City/State/Zip/Postal Code/Country   Description   Descriptio				<del></del>		☐ 162 ☐ 140	
Furniture	· -	=	tne Official Electrical (				
AVE Equipment	· =	=		Other Items			
Tear-down Information for GES Dismantle  Tear-down Drawings/Instructions Attached Tear-down Drawings/Instructions Attached Tear-down Drawings/With Exhibit Down Carpet Color Padding Approximate Time for Tear-down Approximate Time for Tear-down Special Equipment Required Description Description Description Description Description Description Coutbound Freight Charges PrePaid Collect (for non-GES Logistics Shipments only) Bill To City/State/Zip/Postal Code/Country Second Consignee Address City/State/Zip/Postal Code/Country Method GES Logistics Common Carrier AirFreight Vaniline Description Other Means of Contact Information Other Means of Contact Information / Showsite Contact Name Title Telephone Contact Shotel Arrival Departure  *This Form must be returned to GES for							
Tear-down Drawings/Instructions Attached							
Tear-down Drawings/Instructions Attached   Rental Carpet Color     Tear-down Drawings With Exhibit   Own Carpet Color     Case/Crate Number   Padding     Number of Workers Required for Tear-down   Approximate Time for Tear-down     Forklift Ordered Hrs.		_					
Tear-down Drawings With Exhibit  Case/Crate Number  Number of Workers Required for Tear-down  Padding  Approximate Tirle  Special Equipment Required  Description  Description  Description  Outbound Freight Information  Outbound Freight Charges  City/State/Zip/Postal Code/Country  Second Consignee  Address  City/State/Zip/Postal Code/Country  Method GES Logistics Common Carrier AirFreight Vanline Other  Carrier (if known)  Contact Phone  Exhibitor-completed GES' Outbound Material Handling Form attached: Yes No  Exhibitor-completed GES' Outbound Material Handling Form attached: Yes No  Emergency Contact Information / Showsite Contact  Name Title  Telephone  Chartier Mannes Signature - Please Sign:  *This Form must be returned to GES for	Tear-down Informa	tion for GES Dism	antle				
Case/Crate Number Case/Crate/Cise/Postal Code/Country Case/Crate/Cise/Postal Code/Country Case/Crate/Cise/Postal Code/Country Case/Crate/Cise/Postal Code/Country Case/Crate/Cise/Postal Code/Country Case/Crate/Cise/Postal Code/Country Case/Crate/Cise/Country Case/Crate Number Case/C	☐ Tear-down Drawings/Instru	ctions Attached		Rental Carpe	et Color		
Number of Workers Required for Tear-down	Tear-down Drawings With E		Own Carpet Color				
Forklift Ordered Hrs.	Case/Crate Number			Padding			
Number of Graphics			••				
Number of Lights	Forklift Ordered Hrs Time						
Outbound Freight Information  Outbound Freight Charges				•			
Outbound Freight Charges	Number of Lights	_Number of Light Boxes		Description			
Outbound Freight Charges	Outbound Freight In	nformation					
PrePaid   Collect (for non-GES Logistics Shipments only)   Address   City/State/Zip/Postal Code/Country   Second Consignee   Address   City/State/Zip/Postal Code/Country   Second Consignee   Address   City/State/Zip/Postal Code/Country   Method   GES Logistics   Common Carrier   AirFreight   Vanline   Other   Carrier (if known)   Contact   Phone   Exhibitor-completed GES' Outbound Material Handling Form attached:   Yes   No   Exhibitor will pack all product, prepare shipping labels and complete GES' Outbound Material Handling Form attached:   Yes   No   Emergency Contact Information / Showsite Contact   Name   Title   Title   Cell Phone   Cell P			Consigned To				
Bill To		ments only)	Address				
Second Consignee Address City/State/Zip/Postal Code/Country  Method GES Logistics Common Carrier AirFreight Vanline Other  Carrier (if known) Contact Phone Exhibitor-completed GES' Outbound Material Handling Form attached: Yes No Exhibitor will pack all product, prepare shipping labels and complete GES' Outbound Material Handling Form attached: Yes No  Emergency Contact Information / Showsite Contact  Name Title Telephone Cell Phone Other Means of Contacting This Person Contact's Hotel Arrival Departure  *This Form must be returned to GES for				City/State/Zip/Postal Code/Country			
Address  City/State/Zip/Postal Code/Country  Method							
City/State/Zip/Postal Code/Country				•	<del>2</del> E		
Method   GES Logistics   Common Carrier   AirFreight   Vanline   Other   Carrier (if known)   Phone   Exhibitor-completed GES' Outbound Material Handling Form attached:   Yes   No Exhibitor will pack all product, prepare shipping labels and complete GES' Outbound Material Handling Form attached:   Yes   No  Emergency Contact Information / Showsite Contact  Name   Title   Telephone   Cell Phone   Other Means of Contacting This Person   Contact's Hotel   Arrival   Departure   Purchasing Authorization   Yes   No  *This Form must be returned to GES for	GES Storage						
Carrier (if known)  Contact Phone  Exhibitor-completed GES' Outbound Material Handling Form attached: Yes No  Exhibitor will pack all product, prepare shipping labels and complete GES' Outbound Material Handling Form attached: Yes No  Emergency Contact Information / Showsite Contact  Name Title  Telephone Cell Phone  Other Means of Contacting This Person  Contact's Hotel Arrival Departure  *This Form must be returned to GES for	_		_	City/State/Zip/Po	stal Code/Country		
Contact Phone		Common Carrier	☐ AirFreight		Other		
Exhibitor-completed GES' Outbound Material Handling Form attached:	, , , , , , , , , , , , , , , , , , , ,		Phone				
Emergency Contact Information / Showsite Contact  Name Title	Exhibitor-completed GES' Outbou		ached: Yes				
Name					n attached:	] No	
Telephone Cell Phone Cell Phone Other Means of Contacting This Person	Emergency Contact	t Information / Sh	owsite Conta	ct			
Other Means of Contacting This Person	Name		Title				
Contact's Hotel Arrival Departure  Purchasing Authorization	Telephone		Cell Pl	none			
Purchasing Authorization Yes No  *This Form must be returned to GES for Authorized Signature - Please Sign:    Authorized Signature - Please Sign:   X	Other Means of Contacting This P	erson					
*This Form must be returned to GES for	Contact's Hotel	Arrival		Depart	ture		
*This Form must be returned to GES for Authorized NAME - PLEASE PRINT DATE	Purchasing Authorization	☐ Yes ☐ N	0 _				
*This Form must be returned to GES for Juliforized NAME - PLEASE PRINT DATE		_		Authorized Signa	ature - Please Sign:	X	
your orders to be processed.	*This Form mus	S for					
	your orde	rs to be processed.					

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