

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

Company Name _____ Email _____ Phone Number _____ Booth Number _____

To Be Completed By Exhibitor When Order is Placed

Inbound Freight Information

Method ☐ GES Logistics ☐ Common Carrier ☐ AirFreight ☐ Vanline ☐ Other _____
Carrier (if known) _____
Contact _____ Phone _____
Number of Crates _____ Shipped By _____ Date _____
Number of Fiber Cases _____ Color _____ Pro Number _____
Target Date _____ Loose Display _____ Crated Display _____
Shipped To: (Check One) ☐ Warehouse ☐ Showsite

Setup Information for GES Installation

☐ Setup Drawings/Instructions Attached ☐ Rental Carpet Color _____
☐ Setup Drawings With Exhibit ☐ Own Carpet Color _____
☐ Case/Crate Number _____ ☐ Padding _____
☐ Number of Workers Required for Setup _____ Approximate Time for Setup _____
☐ Forklift Ordered Hrs. _____ Time _____ Special Equipment Required _____
☐ Number of Graphics _____ Layout Provided? ☐ Yes ☐ No Description _____
☐ Number of Lights _____ Number of Light Boxes _____ Description _____

Did You Order ---

Electrical Outlets ☐ Yes ☐ No Electrical Labor/Boothwork ☐ Yes ☐ No Electrical Under Carpet ☐ Yes ☐ No
Electrical Drawings ☐ Attached ☐ Sent to the Official Electrical Contractor ☐ With the Exhibit
Booth Cleaning ☐ Yes ☐ No Other Items _____
Furniture ☐ Yes ☐ No _____
A/V Equipment ☐ Yes ☐ No _____
Telephone/Internet ☐ Yes ☐ No _____

Tear-down Information for GES Dismantle

☐ 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. _____ Time _____ Special Equipment Required _____
☐ Number of Graphics _____ Layout Provided? ☐ Yes ☐ No Description _____
☐ Number of Lights _____ Number of Light Boxes _____ Description _____

Outbound Freight Information

Outbound Freight Charges _____ Consigned To _____
☐ PrePaid ☐ Collect (for non-GES Logistics Shipments only) Address _____
☐ Bill To _____ City/State/Zip/Postal Code/Country _____
_____ Second Consignee _____
_____ Address _____
☐ GES Storage _____ 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 _____
Purchasing Authorization ☐ Yes ☐ No

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

Authorized Signature - Please Sign: _____

X

AUTHORIZED NAME - PLEASE PRINT

DATE

