

## S Global Experience Specialists Booth Layout Form

RETURN TO: Global Experience Specialists, Inc. (GES) • 7000 Lindell Road, Las Vegas, NV 89118-4702 • Fax: 866.329.1437 or 702.263.1520 for international exhibitors Contact us Online: www.ges.com/chat Phone: 800.475.2098 or 702.515.5970 for international exhibitors

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

## Post Graduate Assembly in Anesthesiology

New York Marriott Marquis December 14 - 16 2013

Form Deadline Date: November 21, 2013

December 14 - 10, 2013				MAN	NDATORY FORM*
COMPANY NAME		EMAIL ADDRESS			BOOTH NUMB
SHOWSITE CONTACT		SHOWSITE CONTACT	PHONE #	DATE/TIME OF ARRIVAL	CONTACT'S HOTEL (OPTIONA
A unique grid must be completed for combine services onto a single grid.			placement of iter	ns in your booth.	Please do not
Pegboard / Tackboard - Form A Special Colored Drape - Form A Pad and Carpet (if you are not Installation & Dismantling - For To use this grid: Use bold lines to indicate the color indicate the scale of the grid (i. Mark the adjacent booth numb	A-1 carpeting your entire bo m L-1 utline of your booth. e. 1 square = 1 foot) or		our booth.		
		ince my booth is	feet wide l	oyfee	t long.
BAC	K OF BOOTH (indicate	ate adjacent booth or ais	le number:	)	
Indicate Adjacent Booth or					Indicate Adjacent Booth or
Aisle Number:	NT OF BOOTH (indic	cate adjacent booth or ai	sle number:		Aisle Number:

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

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