

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 - 16, 2013						1AM	NDATORY FORM*	
COMPANY NAME			EMAIL AD	DRESS		<u>'</u>	BOOTH NUMI	
HOWSITE CONTACT			SHOWSIT	SHOWSITE CONTACT PHONE #		ME OF ARRIVAL	CONTACT'S HOTEL (OPTION	
A unique grid must be completed fo combine services onto a single grid				proper placem	ent of items in	your booth	Please do not	
Pegboard / Tackboard - Form Special Colored Drape - Form Pad and Carpet (if you are no Installation & Dismantling - Form	n A-1 ot carpeting yo	our entire booth	n) - Form C-1					
Fo use this grid: Use bold lines to indicate the Indicate the scale of the grid Mark the adjacent booth num	(i.e. 1 square	= 1 foot) or inc	licate the dimens	ions of your bo	oth.			
			square since my booth is			fee	feet long.	
B#	ACK OF BO	OTH (indicate	e adjacent boot	h or aisle num	ber:)		
Indicate Adjacent Booth or Aisle Number:							Indicate Adjacent Booth or Aisle Number:	
FD	ONT OF BO	OTH (indica	te adjacent boo	th or aisle nu	mber:			

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

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