

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.

MANDATORY FORM*

Postgraduate Assembly in Anesthesiology

New York Marriott Marquis December 12 - 14, 2015 Form Deadline Date: November 20, 2015

COMPANY NAME				E	EMAIL ADDRE	ESS				BOOTH NUMBI
SHOWSITE CONTACT					SHOWSITE CONTACT PHONE #			DATE/TIME OF ARRIVAL		CONTACT'S HOTEL (OPTIONA
A unique grid must be comple combine services onto a singl					nsure pr	oper pla	cement of	items in	your booth	n. Please do not
Pegboard / Tackboard Special Colored Drape Standard Exhibit Syste Pad and Carpet (if you Installation & Dismantli To use this grid: Use bold lines to indica Indicate the scale of th Mark the adjacent boo	- Form Q-1 cms (if exhibit size are not carpeting - Form L-1 ate the outline of the grid (i.e. 1 square the numbers or a	ng your ent of your boot uare = 1 foo aisle numbe	ire booth h. ot) or ind ers.) - Form C	Q-1 dimension	ns of your				
Each square	BACK OF	•		•	_		_			et long.
Indicate Adjacent										Indicate Adjacent
Booth or Aisle Number:										Booth or Aisle Number:

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