

COMPLETED FORM MUST BE RETURNED TO:
Email: ausa@ges.com Fax #: 702-260-5765 - NO LATER THAN
8/30/19

Date Submitted: _____

EXHIBITOR INFORMATION

Company Name: _____

Booth Number: _____

Dimensions of Space Reserved (U.S Measurements Only): _____ x _____

POC for Vehicle Coordination: _____

Cell Phone: _____ Office Phone: _____

E-mail address: _____

Display Vehicle/Equipment Information

Number of Vehicles/Oversized Equipment in Display: _____

Descriptions (include weight of each piece and dimensions):

Description Of Vehicle/Equipment in Display	Dimensions	Gross Weight
1.		
2.		
3.		
4.		
5.		
6.		

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SPECIAL EQUIPMENT REQUIRED FOR INSTALLATION:

- 5000# Forklift
- 8000# Forklift
- Other type of Forklift
pls. Specify _____
- Crane Pick
- Other, pls. Specify _____

Pls. Review the GES Order forms pertaining to forklift labor and/or machinery. You will need to order these services for the movement of your oversized equipment/immobile vehicles. You will be billed accordingly.

SHIPPING COMPANY/DRIVER CONTACT INFORMATION

Method of Transport to Washington DC Convention Center:

Prime Mover Company Name: _____

Cell Phone: _____ E-mail address: _____

Vehicle Driver Name (s): _____

Cell Phone: _____ E-mail address: _____