



# Exhibitor Supervised Labor

## Archery Trade Association

INDIANA CONVENTION CENTER - Indianapolis, IN

January 9 - 11, 2020

Event Code: 1198150120

email [ianapolis@shepardes.com](mailto:ianapolis@shepardes.com)

phone (317) 677-1235

fax (317) 389-5524

### Discount Deadline Thursday, December 19, 2019

Order with complete Payment Authorization must be received before Discount  
Deadline date to receive discounted pricing.

#### Labor Hours

ST - Straight time: ST: Monday - Friday: 8:00 am - 4:30 pm

OT - Overtime: OT: Monday - Friday: 4:30 pm - Midnight; Saturday-Sunday: 8:00 am - 4:30 pm

DT - Double-time: DT: Holidays and all other hours

**Exhibitors may not operate any type of mechanical or powered equipment.**

### Exhibitor Supervised Install Labor

Code		Discount	Regular	Estimate
68060	ST	\$73.80	\$95.95	
68061	OT	\$110.85	\$144.10	
68062	DT	\$147.60	\$191.90	

### Exhibitor Supervised Dismantle Labor

Code		Discount	Regular	Estimate
68063	ST	\$73.80	\$95.95	
68064	OT	\$110.85	\$144.10	
68065	DT	\$147.60	\$191.90	

#### Step One:

Choose your service

- Installation
- Dismantling
- Both

#### Step Two:

How many people?

- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_

#### Step Three:

How many hours?

- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_

#### Step Four:

Carpet:

- Ordered from Shepard
- Exhibitor Owned Carpet
- Carpet Padding

#### Step Five:

Any other details?

Any special tools needed? Ladders? Lifts?

- Ladders
- Lifts
- Special Tools: \_\_\_\_\_

Details: \_\_\_\_\_

#### Step Six: Schedule

	Date	Start Time	End Time
Installation Request			
Dismantle Request			

Requested times are not guaranteed and are based on availability.

#### Step Seven: Onsite Contact Info

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Hours are based on estimates. You will be invoiced for actual time incurred. Minimum one hour per person ordered and half increments thereafter.

Orders cancelled without 48-hour written notice will be charged a one (1) hour cancellation fee.

Company Name: \_\_\_\_\_

Labor Estimate \$ \_\_\_\_\_

NA Tax\*: \$ \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

Booth # \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Email Address \_\_\_\_\_



Card Holder Signature