**Shepard Blue**
Supervised Install Labor

**Shepard Blue**
Supervised Dismantle Labor

**Booth Size:** __ X __

**Pricing includes Supervisory fee of 30% over standard labor.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Discount</th>
<th>Regular</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>68066</td>
<td>ST $95.94</td>
<td>$124.70</td>
<td></td>
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<tr>
<td>68067</td>
<td>OT $144.11</td>
<td>$187.35</td>
<td></td>
</tr>
<tr>
<td>68068</td>
<td>DT $191.88</td>
<td>$249.45</td>
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</tbody>
</table>

**Step One:** Choose Your Service

- Installation
- Dismantling
- Both

**Step Two:** How Many People?

# ________

**Step Three:** How Many Hours?

# ________

**Step Four:** When Should the Build be Complete?

Date: __ Date: __ Time: __ Time: __

**Step Five:** Tell Us About Your Exhibit!

- Drawings/Photos/Instructions:
  - Attached
  - Emailed to Shepard
  - With the Exhibit
  - In crate

- Graphics:
  - With Exhibit
  - Shipped Separately

- Electrical Placement:
  - (exhibitor is responsible to order)
  - Emailed to Shepard
  - Drawing Attached
  - Drawing with Exhibit
  - Run under carpet

- Other Services Ordered:
  - Overhead Rigging
  - Cleaning
  - AV

- Carpet:
  - Order from Shepard
  - Exhibitor Owned Carpet
  - Carpet Padding

**Inbound Freight**

- Advance Warehouse
- Direct to Show site

**Estimated Arrival Date** __

# of Pieces __

Estimated Weight __

**Set Up Information:**

Company Contact Name: ____________________________

Email ____________________________

Cell Phone #: ____________________________

**Outbound Shipping:**

- # of Crates __
- # of Cartons __
- # of Fiber Cases __
- # of Pallets __

- Method:
  - Ground
  - 2-Day Air
  - Next Day Air
  - Other

- Phone #: ____________________________

- Must Arrive at Destination By: ____________________________

- Name of Carrier ____________________________

- Date Carrier is Scheduled to Pick Up Freight ____________________________

- Estimated **SES Blue Labor:** $________

- **Tax:** $________

- Amount Due: $________

Company Name: ____________________________

Contact Name: ____________________________

Contact Email Address: ____________________________

Telephone: (317) 677-1235
Fax: (317) 389-5524

**Event Code:** i198150120

**email** Indianapolis@shepardes.com

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

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

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

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

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Estimated **SES Blue Labor:** $________

**NA**

**Tax:** $________

Amount Due: $________

Company Name: ____________________________

**Please Sign**