

**RETURN TO:** Global Experience Specialists, Inc. (GES) • 7050 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](http://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.

**Architectural Digest Home Design Show**  
 New York City Passenger Ship Terminal  
 March 22 - 25, 2012

**Form Deadline Date:**  
 February 28, 2012

**MANDATORY FORM\***

COMPANY NAME	EMAIL ADDRESS	BOOTH NUMBER
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**To Be Completed By Exhibitor When Order is Placed**

**Inbound Freight Information**

Method  GES Logistics  Common Carrier  AirFreight  Vanline  Other \_\_\_\_\_

Carrier (if known) \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Number of Crates \_\_\_\_\_ Shipped By \_\_\_\_\_ Date \_\_\_\_\_

Number of Fiber Cases \_\_\_\_\_ Color \_\_\_\_\_ Pro Number \_\_\_\_\_

Target Date \_\_\_\_\_ Loose Display \_\_\_\_\_ Crated Display \_\_\_\_\_

Shipped To: (Check One)  Warehouse  Showsite

**Setup Information for GES Installation**

<input type="checkbox"/> Setup Drawings/Instructions Attached <input type="checkbox"/> Setup Drawings With Exhibit <input type="checkbox"/> Case/Crate Number _____ <input type="checkbox"/> Number of Workers Required for Setup _____ <input type="checkbox"/> Forklift Ordered Hrs. _____ Time _____ <input type="checkbox"/> Number of Graphics _____ Layout Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Number of Lights _____ Number of Light Boxes _____	<input type="checkbox"/> Rental Carpet Color _____ <input type="checkbox"/> Own Carpet Color _____ <input type="checkbox"/> Padding _____ Approximate Time for Setup _____ Special Equipment Required _____ Description _____ Description _____
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**Did You Order ---**

Electrical Outlets <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical Labor/Boothwork <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical Under Carpet <input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Drawings <input type="checkbox"/> Attached <input type="checkbox"/> Sent to the Official Electrical Contractor <input type="checkbox"/> With the Exhibit		
Booth Cleaning <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Items _____	
Furniture <input type="checkbox"/> Yes <input type="checkbox"/> No		
A/V Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone/Internet <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Tear-down Information for GES Dismantle**

<input type="checkbox"/> Tear-down Drawings/Instructions Attached <input type="checkbox"/> Tear-down Drawings With Exhibit <input type="checkbox"/> Case/Crate Number _____ <input type="checkbox"/> Number of Workers Required for Tear- down _____ <input type="checkbox"/> Forklift Ordered Hrs. _____ Time _____ <input type="checkbox"/> Number of Graphics _____ Layout Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Number of Lights _____ Number of Light Boxes _____	<input type="checkbox"/> Rental Carpet Color _____ <input type="checkbox"/> Own Carpet Color _____ <input type="checkbox"/> Padding _____ Approximate Time for Tear-down _____ Special Equipment Required _____ Description _____ Description _____
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**Outbound Freight Information**

Outbound Freight Charges \_\_\_\_\_

PrePaid  Collect (for non-GES Logistics Shipments only)

Bill To \_\_\_\_\_

GES Storage \_\_\_\_\_

Method  GES Logistics  Common Carrier  AirFreight  Vanline  Other \_\_\_\_\_

Carrier (if known) \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Exhibitor-completed GES' Outbound Material Handling Form attached:  Yes  No

Exhibitor will pack all product, prepare shipping labels and complete GES' Outbound Material Handling Form attached:  Yes  No

**Emergency Contact Information / Showsite Contact**

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Means of Contacting This Person \_\_\_\_\_

Contact's Hotel \_\_\_\_\_ Arrival \_\_\_\_\_ Departure \_\_\_\_\_

Purchasing Authorization  Yes  No

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

**I agree in placing this order that I have accepted GES Payment Policy and GES Terms & Conditions of Contract.**

**Authorized Signature - Please Sign:** \_\_\_\_\_ X

AUTHORIZED NAME - PLEASE PRINT	DATE
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