



5931 West Campus Circle Drive
 Irving, Texas 75063
 Phone: (972) 751-9400
 Fax: (972) 751-9500
 www.packexpo.com

October 14-17, 2018
 McCormick Place
 Chicago, Illinois USA

CO-LOCATED



Healthcare+
 PACKAGING
 EXPO

October 14-17, 2018 • McCormick Place
 Chicago, Illinois USA

Order Summary

Discount Deadline:
August 27, 2018
 (excludes labor)

Complete and submit the order forms listed below before the deadline date to take advantage of Advance Pricing.

PACK EXPO Services Order Forms

FORM NAME	FORM	ORDER TOTAL
Exhibitor Data	2	SUBMIT WITH FIRST ORDER (if not ordering online)
Payment Information	3a-b	SUBMIT WITH FIRST ORDER (if not ordering online)
Terms and Conditions	4	SUBMIT WITH FIRST ORDER (if not ordering online)
Third Party Authorization	5	\$ _____
Exhibiting Packages	6a-f	\$ _____
Carpet - Custom	7a-b	\$ _____
Carpet - Standard and Special Cut	7c-d	\$ _____
Cleaning Service	8a-b	\$ _____
Standard Furniture and Accessories	9a-l	\$ _____
Custom Furniture and Accessories	9a-k	\$ _____
Specialty Services/Illuminated Showcases	9l-m	\$ _____
Modular Rental Exhibits	10a-c	\$ _____
Design Your Own Rental Booth	10d-e	\$ _____
Basic Digital Graphics and Signs	11a-b	\$ _____
Fabric Graphics and Signs	11c	\$ _____
Material Handling Rates	12a-c	\$ _____
Hanging Sign Labor, Placement Grid, Label	14a-j	\$ _____ (Floorplan required.)
Labor Planning	15a	\$ _____
Rigging Labor	15b	\$ _____
Rigging Questionnaire	15c-d	\$ _____
Millwright/Machine Assembly Labor	16	\$ _____
Exhibitor Supervised Labor	17a	\$ _____
PACK EXPO Services Supervised Labor	17b-c	\$ _____
Electrical Service	19a-k	\$ _____ (Floorplan required.)
Lighting Truss/Motorized Hoist	19l-m	\$ _____
Telephone Service	20a-e	\$ _____ (Floorplan required.)
Internet Service	21a-e	\$ _____ (Floorplan required.)
Air and Water Service	22a-e	\$ _____ (Floorplan required.)
Audio Visual/Computers	23a-f	\$ _____
Meeting Room Audio Visual/Computers	24a-b	\$ _____
Floral	25	\$ _____
Hostess/Booth Talent	26a-c	\$ _____
Photography	27a-g	\$ _____
Booth Security Services	28	\$ _____

Total Amount Due: \$ _____

Exhibiting Company: _____

Booth Number: _____

Print Name: _____

Date: _____

Authorizer's Signature: _____