



BOOTH # _____

LIGHTING & DECORATING COMPANY, INC.

381 E. First Street - P.O. Box 359 - Clifton, New Jersey 07011-0359 • (973) 772-6864 • Fax: (973) 772-6882

OFFICIAL LABOR ORDER FORM**EXHIBIT ERECTION & DISMANTLING ORDER**• **SERVICE "A" - INSTALLATION**

You are authorized to erect our display prior to our arrival. We are forwarding blue prints, a photo or instructions for your information. We understand that all work will be done on straight time where possible and you will immediately contact our representative for instructions in the event of shortage in shipment or damage.

• **SERVICE "A" - DISMANTLING**

We would like the same service to dismantle and pack our exhibit. Instructions for shipping, address and waybill will be left at the service desk before show closing time.

ALL WORK DONE IS UNDER THE DIRECTION OF LIGHTING & DECORATING CO. OUR CHARGE FOR THIS ADDITIONAL SERVICE IS 35% OF YOUR TOTAL LABOR BILL (\$35.00 MINIMUM). THIS SERVICE SAVES THE EXPENSE AND PRODUCTIVE TIME OF YOUR OWN PERSONNEL.

CARPENTER RATES: Straight Time: \$48.00 per man, per hour
Overtime: \$78.00 per man, per hour

Straight Time - 8:00 a.m. - 3:30 p.m., Monday through Friday

Overtime - Before 8:00 a.m., after 3:30 p.m. and Saturdays, Sundays, Holidays

NOTE: One hour minimum per man.

• **SERVICE "B" - INSTALLATION**

We would like _____ carpenters available to erect our display under the supervision of our representative.
 We will arrange to pick up the men/man at your service desk on:

_____, At _____ A.M. P.M.
 Date Time

• **SERVICE "B" - DISMANTLING**

We would like _____ carpenters available to assist our representatives in dismantling and packing our exhibit.
 We will arrange to pick up the men/man at your service desk on:

_____, At _____ A.M. P.M.
 Date Time

No men will be dispatched direct to the booth. Exhibitors must come to the Lighting & Decorating Co. Service Desk to sign in and out for the men required.

Name of show: NJS Youth Soccer Workshop Date: January 7-8, 2005

Firm Name: _____ Booth # _____

Address: _____ City _____ State _____ ZIP _____

Authorized Signature: _____ Title _____

ADVANCE PAYMENT REQUIRED

NOTE: All Charges Subject To Applicable Sales Tax

CHECK AMERICAN EXPRESS # _____ EXPIRATION DATE _____