ACADEMY EXPO, 116 MARION ROAD, CINCINNATI, OH 45215 Phone (513) 772-1898 Fax (513) 322-4473

Original Sewing & Quilt Expo 2024 ADDITIONAL EQUIPMENT ORDER FORM

Farm Bureau Expo Center – October 3rd – October 5th, 2024

1. Complete & fax to (513) 322-4473 or to Cindy's email: critchie@academyexpo.com by the DEADLINE for discounted prices. Academy will email or fax a contract & charge slip to confirm receipt of your order. After the deadline, the higher Standard prices apply for equipment reserved between 9/16-9/20. Orders at the show site are extremely limited.

PRE-SHOW DISCOUNT DEADLINE to ORDER is Sunday 9/15th, 2024.

<u>2. </u>	Your booth	space i	ncludes l	Pipe &	z Drape	and an	Exhibitor	Sign.	Use th	nis form	to <i>orde</i>	r ada	litional
eq	uipment.												

Complete the following area if you want to rent any AD	DITIONAL equ	ipineni.		9/16-9/20
	Discounted			Deadline
EQUIPMENT	PRICES	QTY	\$ TOTAL	PRICES
8' x 30" Table, covered & skirted (show colors)	\$60.00 X			\$ 120.00
6' x 30" Table, covered & skirted (show colors)	\$50.00 X			\$ 100.00
6' or 8' TALL Table (40") cover/skirt (show colors	\$70.00 X			\$ 140.00
Deluxe Convention Chair Padded, Burgundy	\$10.00 X			N/A
6' x 18" Table, covered & skirted (show colors)	\$50.00 X			N/A
4' x 24" Table, covered & skirted (show colors)	\$45.00 X			N/A
Carpet, per Single booth space - (BLACK)	\$100.00 X			\$ 200.00
Carpet Padding, per Single booth space	\$45.00 X			\$ 90.00
(Show color skirting is BLACK with a White Lines	table cover.)			
Complete payment information, <u>Credit Card Only</u> , All C Name on Card Credit Card Type Card #	_	S	Subtotal	\$\$
Name on Card	 	S T 3	Subtotal Fax (7.8%) 5.99% CC Fee F otal Due	
Name on Card Credit Card Type Card # Card Expiration Date Card Billing Address, State & Zip Complete information, sign & fax this form: Your Company Name	 	S T 3	Tax (7.8%) 5.99% CC Fee	\$
Name on Card		S 7 3 7	Tax (7.8%) 5.99% CC Fee	\$
Name on Card Credit Card Type Card # Card Expiration Date Card Billing Address, State & Zip Complete information, sign & fax this form: Your Company Name Address		S T 3 T	Tax (7.8%) 5.99% CC Fee	\$
Name on Card		S 7 3 7	Tax (7.8%) 5.99% CC Fee	\$
Name on Card		S 7 3 7	Tax (7.8%) 5.99% CC Fee	\$
Name on Card Credit Card Type Card # Card Expiration Date Card Billing Address, State & Zip Complete information, sign & fax this form: Your Company Name Address City/State/Zip Phone # Contact Person		S 7 3 7	Tax (7.8%) 5.99% CC Fee	\$