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

Original Sewing & Quilt Expo 2025 ADDITIONAL EQUIPMENT ORDER FORM

Farm Bureau Expo Center – October 2nd – October 4th, 2025

1. Complete & fax to (513) 322-4473 or to Cindy's email: <u>critchie@academyexpo.com</u> 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 9/15-9/19 Orders at the show site are extremely limited.

PRE-SHOW DISCOUNT DEADLINE to ORDER is Sunday 9/14th, 2025.

<u>2. </u>	Your	booth	space	includ	les Pipe	e & 1	Drape	and a	n Exh	ibitor	· Sign.	Use	this f	form 1	to <i>or</i>	der	addi	tional
eqi	иіртен	ıt.																

emprese une reme wing erea in year want to reme unity rib	DITIONAL equ	ipment:		9/15-9/19
EQUIDMENT	Discounted	OTV	¢ TOTAI	Deadline
EQUIPMENT 8' x 30" Table, covered & skirted (show colors)	PRICES \$60.00 X	QIY	\$ TOTAL	
				\$ 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				\$ 140.00
Any size, plain table (indicate size)	\$45.00 X			\$ 90.00
Deluxe Convention Chair Padded	\$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 (Show color skirting is BLACK with a White Liner	\$50.00 X			\$ 100.00
Name on Card	_	_		•
Credit Card Type Card # Card Expiration Date CVV# Card Billing Address, State & Zip	_ _ _ _	S: T: 3.	ubtotal ax (7.8%) 99% CC Fe otal Due	\$ \$ ee \$ \$
Name on Card Credit Card Type Card # Card Expiration Date Card Billing Address, State & Zip 5. Complete information, sign & fax this form:	- - - -	S: T: 3.	ax (7.8%) 99% CC Fe	\$
Name on Card	 - - -	S: T: 3.	ax (7.8%) 99% CC Fe	\$
Name on Card Credit Card Type Card # Card Expiration Date Card Billing Address, State & Zip 5. Complete information, sign & fax this form: Your Company Name Address	 - - -	S: T: 3.	ax (7.8%) 99% CC Fe	\$
Name on Card Credit Card Type Card # Card Expiration Date Card Billing Address, State & Zip 5. Complete information, sign & fax this form: Your Company Name	-	S: T: 3.	ax (7.8%) 99% CC Fe	\$
Name on Card Credit Card Type Card # Card Expiration Date Card Billing Address, State & Zip 5. Complete information, sign & fax this form: Your Company Name Address City/State/Zip	-	S: T: 3.	ax (7.8%) 99% CC Fe	\$
Name on Card Credit Card Type Card # Card Expiration Date Card Billing Address, State & Zip 5. Complete information, sign & fax this form: Your Company Name Address City/State/Zip Phone # Fax# Contact Person	-	S: T: 3.	ax (7.8%) 99% CC Fe	\$
Name on Card Credit Card Type Card # Card Expiration Date Card Billing Address, State & Zip 5. Complete information, sign & fax this form: Your Company Name Address City/State/Zip Phone # Contact Person	-	S: T: 3.	ax (7.8%) 99% CC Fe	\$

1. You are re	esponsible for contacting a ca	arrier and scheduling your shi prescheduled with Academy.	pment to us. Shipments
2. Clearly ad	dress each container to:	Academy Expo 2025 Original Sewing "Your Name & Booth I 116 Marion Road, Cincil Phone (513) 772-1898	Number" nnati, OH 45215
3. Payment	must be made by credit card	d. All Credit cards accepted.	
4. Total nui	nber of containers (#):		
5. Rates:	(Minimum payment requi Total weight of packages s 7.8% Sales Tax	red \$50.00 for 1- 40 lbs.) shipped to Academy (lbs.):	
Cor Cor Pho E-M Fax Cor You 7. <u>DEADLI</u>	mpany Address:	rrive on or before Friday, ut no later than Septembe 0 late fee.	Sept. 19th, 2025.
We are not	ot responsible for any unpac your carriers PREPAID shi	ntainer(s) to your booth at the king, repackaging, setup, or browning return labels & our "Fearrier to schedule a pickuplay, October 9th, 2025.	reakdown of materials. Return Drayage Form"
CREDIT CAI CREDIT CAI NAME as it a BILLING AD BILLING ST	RD TYPE CRE RD # appears ON CARD DRESS	(513) 322-4473 with your cre DIT CARD EXP DATE CVV# execution:	
Name		Title	 Date

RETURN DRAYAGE FORM

MY COMPANY N MY BOOTH #	AME		
	CKAGES ARE SHIPPI	NG TO:	
ATTN:			
ADDRESS			
CITY	STATE	ZIP	
# of boxes returned		_	
Approximate total v	veight		
Name of Carrier	<u> </u>	_	

PLEASE attach your completed, **pre-paid shipping labels** to each of the packages you are returning with **this form** and **call your carrier to schedule** pickup from Academy Expo.

**** Please be sure to complete this form and attach it, with your pre-paid shipping labels, to your boxes to ensure a prompt return.

Questions? Contact Cindy Ritchie by phone# 513-772-1898 or email: critchie@academyexpo.com

Academy Expo,116 Marion Road, Cincinnati, OH 45215 PH#(513) 772-1898, FAX#(513) 322-4473