

6555 West Sunset Road Las Vegas, NV 89118 (702) 579-1700 • Fax: (469) 621-5604

ORDER FORM DEADLINE DATE OCTOBER 18, 2019

INCLUDE THE FREEMAN METHOD OF PAYMENT FORM WITH YOUR ORDER

Tax

Total

N/A

				L	PAYMENT	FURIVI	WITH YOU	UR URDER
NAME OF SHO	ow: SEMA Show 2019 / No	vembe	r 5-8, 2	2019 <u> </u>				
COMPANY NAME:					BOOTH #:		-	
CONTACT NAME:					PHONE #:			
E-MAIL ADDRE								
	e, please call 702-579-1700 to sp	eak with (one of or	ır evnerts				
I OI FROOIGIAI.S	· · · · · · · · · · · · · · · · · · ·			go to www.fre	oman com			
Ctraight Time				GGING L	LABUR			
•	8:00 A.M. to 5:00 P.M. Monday	•	•		-touday Cuada	and U	- lidovo	
Overtime:	5:00 P.M. to 8:00 A.M Monday	· ·	,	,	,	iy anu n	olldays.	
	v site prices will apply to al			placed at	show site			
	ime guaranteed only at start of wo our minimum - labor thereafter is	0 ,		/2) hour incr	ements			
	visor must check in at Service De	Ü	,	,	omonio			
• When	scheduling dismantle labor, be su	ıre to allo	w sufficie	ent time for e	empty containe	ers to be	returned to	your booth
Part#	Description					Α	dvance Price	Show Site Price
							11100	11100
FORKLIFT LABOR 304050 Forklift w/operator - up to 5,000 lbs - ST								
304050 304051	Forklift w/operator - up to 5,000 lbs - S1							\$ 218.65 \$ 342.50
304031	Forklift w/operator - up to 5,000 lbs - O1							\$ 245.45
3040101	Forklift w/operator - up to 10,000 lbs - ST							\$ 383.70
3040150								\$ 299.25
3040151								\$ 438.95
304040								\$ 342.50
304041								\$ 477.95
RIGGING LA	BOR							
3020100	00 Rigger - ST						\$ 94.75	\$ 123.20
3020101	01 Rigger - OT							\$ 216.30
-C. UDMENT								
EQUIPMENT								
3090600 3090700	, , , , , , , , , , , , , , , , , , ,							\$ 54.35 \$ 54.35
3090700								\$ 54.35 \$ 54.35
							ψ 41.00	φ 54.55
INSTALLA		Τ	1	I 4 = 1 + 2	1	1	· · · ·	1
Part #	Description	Date	Start Time	# of Equip/ Person	Approx Hrs per Person	Total Hours	Hourly Rate	Estimated Total Cost
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		+	+	 		\vdash		-
			<u> </u>			<u> </u>		
Describe work to be done:							Sub-Total	
							Tax	N/A
							Total	
DISMANTL	_E					'		•
		15.1	<u> </u>	L		1	· · · · · · · · · · · · · · · · · · ·	
Part #	Description	Date	Start Time	# of Equip/ Person	Approx Hrs per Person	Total Hours	Hourly Rate	Estimated Total Cost
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						-		
			<u> </u>	<u> </u>		<u> </u>		
Describe work to	be done:						Sub-Total	