



# Rigging Labor

Return Form To:  
650 Okeechobee Blvd.  
West Palm Beach, FL. 33401  
Attn: Exhibitor Services

Phone: 561-366-3000  
Fax: 561-366-3023  
Email: exhibitorservices@  
pbconventioncenter.com

To receive advance rate, orders and full payment must be postmarked 14 days prior to the first scheduled show date.

All Rigging labor provided by Rebekah's Dreams. Rigging Labor does **NOT** include assembly and disassembly.

<b>Event Name:</b>			<b>Booth #</b>		
<b>Exhibiting Company:</b>			<b>Dates - From:</b>		<b>To:</b>
<b>Address:</b>			<b>Ordered By:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>E-Mail:</b>		
<b>Phone:</b>		<b>Cell:</b>	<b>Fax:</b>		
<b>Sign Description</b>					
<b>Type</b>	Cloth:	Vinyl:	Metal:	Wood:	
<b>Shape</b>	Square:	Rectangle:	Triangle:	Other:	
<b>Size</b>	Height:	Length:	Width:	Weight:	
Number of Rigging Points:		Grommets:	Are You Providing Rigging Hardware?:		
<b>Does your sign require electricity?</b> _____					
<i>If yes, please fill out an electrical order form and note that power is for overhead rigging.</i>					
<b>Up-call &amp; Down-call Time &amp; Dates:</b> _____					
<i>Please include a diagram or layout for your booth.</i>					
<b>Rigging Labor</b>					
<b>Service Descriptions</b>			<b>Minimum</b>	<b>Hours</b>	<b>Total</b>
<i>4 hour minimum, 2 rigger minimum for each up call and down call</i>					
Straight Time	\$57 per hour x 8 hours x 2 riggers =		\$912.00		\$
<i>8am-11:59pm and/or under 8 hours</i>					
Time and a Half	\$85.50 per hour x 8 hours x 2 riggers =		\$1,368.00		\$
<i>12am-7:59am and/or over 8 hours</i>					
Double-time	\$114 per hour x 8 hours x 2 riggers =		\$1,824.00		\$
<i>Holidays or Sundays</i>					
<b>SUB TOTAL</b>					\$
<b>7% SALES TAX</b>					\$
<b>TOTAL</b>					\$
<b>Special Instructions:</b>					

**Prices listed are for the entire show.**

By signing and returning this form, customer agrees to all terms and conditions printed on this form and related documents. The PBCCC reserves the right to correct orders that have been figured incorrectly. Tax rates are subject to change without notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Check Payable To: Global Spectrum LP		
Account No: _____	Exp. Date (MM/YY)	Verification Code
Cardholder Name (Please Print)		
Authorized Signature*:		
Credit Card Billing Address:		
City/State/Zip:		

\* I ALSO AUTHORIZE CHARGING ANY UNPAID BALANCES TO MY CREDIT CARD. SEE REVERSE SIDE FOR PAYMENT TERMS AND CONDITIONS.