



EXPOSITION & EVENT SERVICES

751 Wyoming Street
Kansas City, MO 64101
Phone: 816.221.0525
Fax: 816.471.1602
email: kansascity@fernexpo.com

Progressive Insurance St. Louis Boat & Sportshow

February 08 - 12, 2012

America's Center & Edward Jones Dome, St. Louis, Missouri
07-07276-12

Discount Deadline:
January 23, 2012

SHOW SERVICES & EQUIPMENT ORDERED

| | |
|------------------------------|----------|
| Exhibit Display Rental | \$ _____ |
| Furniture Rental | \$ _____ |
| Carpet Rental | \$ _____ |
| Panelboard Rental | \$ _____ |
| Graphics | \$ _____ |
| Plants & Floral | \$ _____ |
| Display Labor Services‡* | \$ _____ |
| In Booth Forklift Services‡* | \$ _____ |
| Sign Rigging Services‡* | \$ _____ |

CREDIT CARD INFORMATION

Card Type: VISA MC AMEX DISC

Card Number: _____

Expiration: _____ / _____

Card Holder's Name: _____

Card Holder's Address: _____

City: _____

State: _____ Zip Code: _____

Cardholder's Signature: X

By signing this, I agree to payment terms and conditions outlined by Fern Exposition & Event Services listed on the **Payment Terms & Conditions Form (TC-03)** in this Exhibitor Kit.

CHECK INFORMATION

Check #: _____

Date: _____

Amount: \$ _____

BANK WIRE INFORMATION

Send to: Bank of America, Boston MA, ABA #026009593, Routing #011000138, WCP/Fern Exposition Services LLC Depository, Account #4625100543, SWIFT code - BOFAUS3N. Reference your Company Name/Show Name/and Booth Number. Add \$50.00 for processing wire transfer.

** Credit Card payment only is accepted for Fern Transportation services.

| | |
|-----------------------|-----------------|
| Sub Total: | \$ _____ |
| Sub Total Taxable | \$ _____ |
| Sub Total Non Taxable | \$ _____ |
| Sales Tax 8.49% | \$ _____ |
| Grand Total: | \$ _____ |

* Non taxable

‡ Pay Estimated Cost

All orders are subject to the terms and conditions as outlined in Terms & Conditions (TC-01, 02, & 03) in this Exhibitor Service Manual (ESM).

EXHIBITOR INFORMATION

Company Name: _____ Booth#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____

Fax: _____ Email: _____

Signature: _____ Date: _____

payment authorization

102111-160956



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EXHIBITING COMPANY AUTHORIZATION

Exhibiting Company Name and Booth #:

Exhibitor Signature:

X

Services to be provided by Third Party:

Table with 2 columns: Service Name, Amount. Rows include Exhibit Display Rental, Furniture Rental, Carpet Rental, Panelboard Rental, Graphics, Plants & Floral, Display Labor Services, In Booth Forklift Services, Sign Rigging Services.

Sales Tax 8.49% \$
Grand Total \$

All orders are subject to the terms and conditions as outlined in Terms & Conditions (TC-01, 02, & 03) in this Exhibitor Service Manual (ESM).

EXHIBITOR INFORMATION

Form fields for Exhibitor Information: Company Name, Booth#, Address, City, State, Zip Code, Contact Name, Phone, Fax, Email, Signature, Date.

THIRD PARTY CREDIT CARD INFORMATION

Card Type: [] VISA [] MC [] AMEX [] DISC

Card Number: _____

Expiration: _____ / _____

Card Holder's Name: _____

Card Holder's Address: _____

City: _____

State: _____ Zip Code: _____

Cardholder's Signature: X

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CHECK INFORMATION

Check #: _____

Date: _____

Amount: \$ _____

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Send to: Bank of America, Boston MA, ABA #026009593, Routing #011000138, WCP/Fern Exposition Services LLC Depository, Account #4625100543, SWIFT code - BOFAUS3N. Reference your Company Name/Show Name/and Booth Number. Add \$50.00 for processing wire transfer.

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third party payment authorization