



LABOR SERVICES

NECES USE ONLY

V MC AE CKP _____ REC'D BY _____
 EXP. DATE _____ CKF _____ DATE _____
 CC# _____ \$ _____

RETURN TO: 46350 Grand River Ave. Suite B • Novi, MI 48374 • (248)380-0843 • Fax (248)380-0848 • novi@necexposervices.com

SHOW NAME _____ SHOW DATE _____
 COMPANY _____ BOOTH # _____ BOOTH SIZE _____ X _____
 AUTHORIZED CONTACT SIGNATURE _____ AUTHORIZED CONTACT - PLEASE PRINT _____ DATE _____

- Advance Order Deadline: Seven (7) days prior to first move-in day.
- All orders must be accompanied by "Contact & Payment Information" form.
- All orders are subject to the enclosed Terms, Conditions and Policies.
- Advance payment for all requested labor (in/out) is required with your order.

**Make Checks Payable to:
NEC Expo Services**

LABOR SERVICE

PLAN A SUPERVISION BY NEC EXPO SERVICES, INC. (NECES). This plan is offered to have exhibit set prior to your arrival. Supervision will be provided by NECES. The charge for this service is 25% of the total labor bill, with a minimum of \$35.00 on installation and \$35.00 on dismantling.

PLAN B SUPERVISION BY EXHIBITOR Starting time can only be guaranteed at the normal start of the working day, which is usually 8:00 am, unless the official set-up time is later in the day.

EXHIBITOR REQUIREMENTS: You must do the following to expedite your labor request.

1. Check in at our Service Desk to pick-up laborers ordered.
2. Upon completion of work, check laborers out at Service Desk.
3. Your supervising representative must be present during the entire labor call.

NOTE: If your supervising representative fails to pick-up laborers ordered, a one hour (per laborer) no show charge will be applied, unless a 24 hour advance notice is provided. Please refer to "Cancellation/Refund Policy" for additional terms and conditions.

RATES

STANDARD LABOR (One Hour Minimum)	ADVANCE: 52.50 Per Man/Per Hour	FLOOR: 68.00 Per Man/Per Hour
HIGH LIFT/SIGN & BANNER HANGING LABOR (One Hour Minimum)	ADVANCE: 128.00 Per Hour	FLOOR: 166.00 Per Hour

EXHIBITOR: PLEASE COMPLETE SECTION BELOW

INSTALLATION LABOR REQUEST

Please check A or B and complete information below

PLAN A NECES SUPERVISION *You must submit all appropriate information to us, in advance, in order for us to install your exhibit to your satisfaction.*

PLAN B EXHIBITOR SUPERVISION

Supervisor will be: _____

# of laborers	Time	Day of Week	Date	Approx. Hrs.	Rate	Estimated Total
_____ at _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	on _____	_____ for _____ x \$ _____	per hr. = \$ _____		
_____ at _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	on _____	_____ for _____ x \$ _____	per hr. = \$ _____		

- PLEASE VERIFY THAT YOUR EXHIBIT / FREIGHT HAS BEEN DELIVERED TO YOUR SPACE PRIOR TO CHECKING OUT LABORERS.

SIGN & BANNER INSTALLATION at _____ AM
 PM on _____ for _____ x \$ _____ per hr. = \$ _____

TOTAL ESTIMATED INSTALLATION LABOR \$

DISMANTLE LABOR REQUEST

Please check A or B and complete information below

PLAN A NECES SUPERVISION *You must submit all appropriate information to us, in advance, in order for us to dismantle your exhibit to your satisfaction.*

PLAN B EXHIBITOR SUPERVISION

Supervisor will be: _____

# of laborers	Time	Day of Week	Date	Approx. Hrs.	Rate	Estimated Total
_____ at _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	on _____	_____ for _____ x \$ _____	per hr. = \$ _____		
_____ at _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	on _____	_____ for _____ x \$ _____	per hr. = \$ _____		

- BE SURE TO ALLOW SUFFICIENT TIME FOR EMPTY CONTAINER RETURN WHEN SCHEDULING DISMANTLE LABOR.

SIGN & BANNER REMOVAL at _____ AM
 PM on _____ for _____ x \$ _____ per hr. = \$ _____

TOTAL ESTIMATED DISMANTLE LABOR \$

TOTAL ESTIMATED LABOR \$

DO NOT FILL IN BELOW - NECES Use Only

Installation: _____ men for _____ hours @ \$ _____ / hour = _____
 _____ men for _____ hours @ \$ _____ / hour = _____
 Sign Labor for _____ hours @ \$ _____ / hour = _____

Dismantle: _____ men for _____ hours @ \$ _____ / hour = _____
 _____ men for _____ hours @ \$ _____ / hour = _____
 Sign Labor for _____ hours @ \$ _____ / hour = _____

TOTAL NON-TAXABLE LABOR \$	ADVANCE PAYMENT RECEIVED \$
IF NECES SUPERVISION, ADD 25% or \$35.00 MINIMUM \$	BALANCE DUE \$

ALL ORDERS MUST BE PAID IN FULL UPON COMPLETION OF SERVICE.

NO 2008