Demers Events	COMPANY:	BTH #						
& Expo Services	EVENT:							
Demers Exposition Services	FACILITY:							
151A Park Ave., East Hartford, CT. 06108 Ph: (860) 882-0003 Fax (860) 761-0070 info@demersexpo.com	DATES:	Event ID#						

Vacuuming of booth carpet per 10' x 10' booth space @ \$75.00 per day; service includes general booth vacuuming prior to the opening of the show on each day requested.

VACUUMING								
Description	Date Requested	No. of Booths	х	Rate per Day	=	Estimated Total Cost		
Vacuuming			×	\$75.00	=			
Vacuuming			×	\$75.00	=			
Vacuuming			×	\$75.00	=			
Vacuuming			×	\$75.00	=			
8% Admin Fee								

Total

	BULK SPACE VACUUMING (AREA OVER 600 SQ FT)									
Description	Date Requested	Booth Dimensions		=	TTL SQ FT	x	\$0.39	=	Estimated Total Cost	
		L	-	VV						TOTALCOST
Vacuuming			X		=		×	\$0.39	=	
Vacuuming			×		=		x	\$0.39	=	
Vacuuming			×		=		x	\$0.39	=	
Vacuuming			×		=		×	\$0.39	=	

8% Admin Fee

Total

Porter service per 10' x 10' booth space @ \$75.00 per day; service includes emptying of trash cans replacement of trash can liners and disposal of trash in your booth space.

PORTER SERVICE								
Description	Date Requested	No. of Booths	х	Rate per Day	=	Estimated Total Cost		
Porter Service			×	\$75.00	=			
Porter Service			×	\$75.00	=			
Porter Service			×	\$75.00	=			
Porter Service			×	\$75.00	=			
-	8% Admin Fee							

Total

BULK SPACE PORTER SERVICE (AREA OVER 600 SQ FT) **Booth Dimensions** Estimated **Date Requested** TTL SQ FT Description = Х \$0.39 = W **Total Cost** Х L × х \$0.39 Porter Service = х Porter Service х = \$0.39 = х × Porter Service = \$0.39 = Porter Service х = × \$0.39 = 8% Admin Fee Total

COMPANY NAME:	PHONE:		FAX:						
ADDRESS:	CITY:		ST:	ZIP:					
SIGNATURE:	PRINT	NAME:		Country:					
EMAIL ADDRESS:									
PAID BY: CHECK AMX VISA MC EXP DATE:									
CARD HOLDER SIGN:		PRINT NAME:							
CREDIT CARD BILLING ADDRESS (If different from address above)									
ADDRESS:	CITY: ST:			ZIP:					