



Trade Show Associates, LP, dba

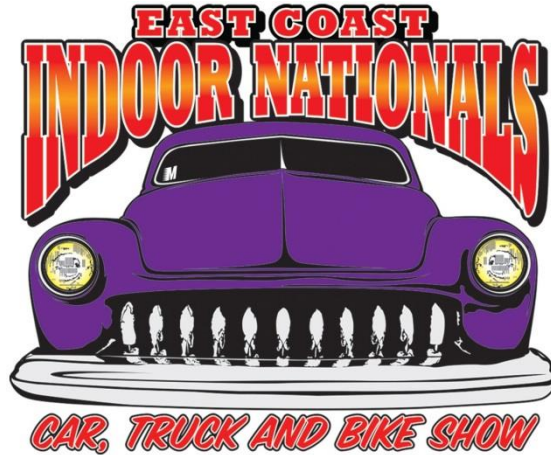
REBER-FRIEL COMPANY

PO Box 1202, Oaks PA 19456

PHONE (610) 676-0470 • FAX: (610) 676-0473

Return Order Form Email address : Sales@ReberFriel.com

Should you require any or have questions about below Special Booth Equipment on this order form; please feel free to contact the Reber-Friel Company at 610/676-0470. All order will be placed and paid to us for your services below. No service will be completed until full payment is received at our office; via fax, email (information below on letterhead) or mail. Need order in our office by November 27, 2018 to secure this equipment will be at Show Site during Move-In on November 30, 2018.



Special Booth Equipment Order Form

All prices below will be subject to 6% Pennsylvania Sales Tax which will be added to all sub-totals once order to received and processed

Carpets

To place under cars/trucks/bike

These carpets will be cut to size, taped down & pre vacuum prior to vehicle placement

| | |
|------------------------------------|------------------------------------|
| _____ 10' x 10' Section; \$ 115.00 | _____ 10' x 20' Section; \$ 175.00 |
| _____ 15' x 20' Section; \$ 195.00 | _____ 20' x 20' Section; \$ 215.00 |

Colors; ___Black ___Blue ___Burgundy ___Gray ___Hunter Green ___Red.

18" high Auto Stanchions; Fully around booth space

| | |
|-----------------------------------|-----------------------------------|
| _____ 10' x 10' Section; \$ 30.00 | _____ 20' x 30' Section; \$ 75.00 |
| _____ 10' x 20' Section; \$ 40.00 | _____ 20' x 40' Section; \$ 90.00 |
| _____ 15' x 20' Section; \$ 50.00 | _____ 20' x 50' Section; \$105.00 |
| _____ 20' x 20' Section; \$ 60.00 | _____ 20' x 60' Section; \$120.00 |

Select method of payment

VISA MASTER AMEX

Card Member Name (please print): _____

Account No.: _____

Expiration Date: ____ / ____ Security Code: _____

Signature: _____

Company Name: _____ Booth No. _____

Street: _____ City/State: _____ ZIP: _____

Ordered by: _____ Email: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ Date: ____ / ____ / ____