

INSTALLATION & DISMANTLE INFORMATION FORM

JENDERSEE INC.

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EXHIBITOR

SKYLINE DISTRIBUTOR

COMPANY NAME _____
CONTACT _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE # _____
FAX # _____
CELL#/PAGER _____

COMPANY NAME: _____
CONTACT _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE# _____
FAX # _____
CELL#/PAGER _____

* Jendersee Inc. cannot guarantee a specific setup time. But will make an effort to perform work as close to setup time as possible.

SHOW NAME _____
FACILITY _____
CITY _____
BOOTH # _____
BOOTH DESCRIPTION: _____

SETUP DATES _____
SETUP TIMES _____
DISMANTLE DATES _____
DISMANTLE TIMES _____

* PLEASE SEND RENDERING OF DISPLAY, INCLUDING GRAPHIC, LIGHT & SHELF PLACEMENT. ALSO, A COPY OF ELECTRICAL LAYOUT (IF ONE IS NEEDED)

EXHIBITOR AT SETUP? Y / N

IF NO, WHEN WILL EXHIBITOR BE ARRIVING AT SHOW SITE? DATE: _____ TIME: _____

CONTACT AT SHOW _____ CELL # _____

HOTEL _____ HOTEL # _____

INCOMING SHIPMENT TO SHOW INFORMATION

DIRECT/ADVANCE _____
CARRIER _____
OF PIECES _____

DATE TO ARRIVE _____
METHOD _____
TRACKING # _____

OUTBOUND SHIPMENT FROM SHOW INFORMATION

CARRIER _____
PHONE # _____
SHIP TO _____
ADDRESS _____
CITY/STATE/ZIP _____
CONTACT _____

METHOD _____
SHOW NAME _____
BOOTH # _____

*IN THE EVENT YOUR CARRIER DOES NOT ARRIVE, DO YOU WANT YOUR FREIGHT SENT TO WAREHOUSE OR RE-ROUTED VIA A SIMILAR CARRIER?
WAREHOUSE _____ RE-ROUTE _____