CONTRACTOR SERVICES

All Convention & EXPO SERVICES
6041 Tazewell Pike, Knoxville, TN 37918
Phone: 865-251-6016 Fax: 865-200-8689

2018 Knoxville Auto Show

Knoxville Convention Center

Exhibitor move in:
Tues. Feb. 20th 10am-7pm
Wed. & Thurs. 8am-7pm

Show Dates: Fri. Feb. 23rd 11am-7pm
Sat. Feb. 24th 11am-7pm
Sun. Feb. 25th 12pm-6pm

Exhibitor move out:
Sun. 25th 6:15pm-10pm

Booth Package includes: P&D booth,1 6ftTable,2 Chairs, Wastebasket, ID sign

Show's drape colors are: Black (Hall is Carpeted)

Questions, please contact **Customer Service: wes@allconventionexpo.com**

Booth Accessories

Qty.	Description	Price	Total
	4'L x 30" H (Skirted)table	$50.00	$
	6'L x 30"H (Skirted) table	$55.00	$
	8'L x 30"H (Skirted) table	$65.00	$
	Unskirted Table (4'L)(6'L)or (8'L)	$30.00	$
	4'L X 42" H (Skirted) Table	$55.00	$
	6'L X 42" H (Skirted) Table	$60.00	$
	8'L X 42" H (Skirted) Table	$70.00	$
	Pedistal Table 30" H____or 42" H____	$55.00	$

Booth Accessories

Qty.	Description	Price	Total
	Counter Height Stool	$40.00	$
	Padded Folding Chair	$15.00	$
	Floor Easel	$35.00	$
	Wastebasket	$20.00	$
	Spotlight	$55.00	$
	8ft Masking Drape Ln Ft	$3.00	$

Please indicate table skirting color choice:

☐Red ☐Green ☐White ☐Blue ☐Black

☐Raspberry ☐Orange ☐Teal ☐Gold

Booth Accessories

Qty.	Description	Price	Total
	2ft x 8ft Chrome or Black Grid	$50.00	$
	Visqueen per sqft	$0.40	$
	10x10 Carpet	$125.00	$
	10x20 Carpet	$195.00	$
	Carpet Padding	$0.50 sq ft	$

Please indicate carpet color choice:

☐Red ☐Blue ☐Black ☐Tuxedo*

**Tuxedo consists of black & grey blend*

			$
			$
			$
			$
			$
			$
			$
			$

Advance Shipping Address:

Showsite Shipping Address:

Order Payment Policy: Payment in full of rental charges, including applicable tax must accompany your advance order. Orders must be received two weeks prior to show opening to be guaranteed. Floor orders are limited to availability. **All orders must be received by mail, email, or fax.**

Subtotal: $_____

9.25% Tax $_____

TOTAL: $_____

Company: _____ Email: _____ Booth #_____

Name on Card: _____ Phone: _____ Fax: _____

Billing Address: _____ City:_____ State: _____ Zip Code: _____

Payment Type: □ Visa/MC □ Amex Card #: _____ Exp Date: _____ Vcode: _____

Authorized Signature: _____ Date: _____