A.G. EXHIBITIONS

P.O. Box 21245 - Louisville, KY 40221
Ph. (502) 969-8588 - Fax (502) 968-4788

Form F

SPECIAL FURNITURE

Payment Policy -
Payment in full, including tax, must accompany order and be recieved by our office by deadline to qualify for discount rates. Please complete payment authorization form.

Cancelation Policy -
Cancelation after the deadline will be charged at 50% of prevailing rate. Cancelation after installation will be 100% of prevailing rate.
VALID REFUNDS WILL BE ISSUED AFTER CLOSE OF SHOW

Late Request -
Requests after deadline will be filled as available at the standard rates.

Color/Size Selection-
Choices not indicated will be selected by AG Exhibitions, INC to coordinate with the show colors and size of exhibit.

DEADINE FOR RETURN OF FORM: *July 11, 2022*

BOOTH ESSENTIALS

Qty	DESCRIPTION	Discount Rate	Standard Rate	Amount
	Swivel Desk Chair	$60.00	$80.00	
	*Black Leather Loveseat	$450.00	$590.00	
	*Black Leather Chair	$280.00	$360.00	
	*Leather Sofa	$475.00	$600.00	
	Pedestal Table - **36" Dia. 30" ht.	$80.00	$110.00	
	Pedestal Table - **36" Dia. 40" ht.	$80.00	$110.00	
	Black-top Bistro 36"W x 42"H	$185.00	$240.00	
	Black Table Lamp	$75.00	$95.00	
	Cherry Cocktail Table	$125.00	$160.00	
	Cherry End Table	$100.00	$130.00	
	Chrome Bag Stand	$30.00	$40.00	
	** 60" Round Table	$ 90.00	$115.00	

* - Call (502-375-5811) for more color options
**- Add $30.00 for table cloth

No credit will be given after close of event on items or services ordered but not recieved. If you have a problem, please see the Service Desk Personnel at the event site prior to opening.

Charges listed above include delivery to your booth, rental(not sale) during the event, and removal.

NOTE: NO EXHIBITOR MATERIAL CAN BE ATTACHED TO BOOTH DRAPERY, SUPPORTING METAL OR TABLE SKIRTING.

NO RENTAL ITEMS/MATERIAL(S) *may be* **ALTERED** *in any way.* **ANY** *and* **ALL DAMAGES /ALTERATIONS WILL BE CHARGED at REPLACEMENT COST** *(rental rate will not apply as credit) and will be the* **RESPONSIBILITY** *of the* **EXHIBITOR**.

Subtotal $_____

TRANSFER THIS AMOUNT TO LINE **A ON THE PAYMENT INFORMATION PAGE***

Name of Event:_2022 NSRA Louisville KY____ Booth #_____ Firm Name:_____

Phone :(___)_____ Fax: (___)_____ Address_____
(street) (City) (State) (Zip)

Print/Type Name:_____ **Signature:**_____ **Date:**_____

*****THIS FORM MUST BE COMPLETELY FILLED OUT AND RETURNED FOR YOUR ORDER TO BE PROCESSED******
*****PLEASE KEEP A COPY FOR YOUR RECORDS, AS WE DO NOT SEND CONFIRMATION OF ORDERS!*****