

Form F
SPECIAL FURNITURE

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

DEADLINE FOR RETURN OF FORM: *July 9, 2024*

Payment Policy -

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

Cancellation Policy -

Cancellation after the deadline will be charged at 50% of prevailing rate. Cancellation 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.

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 received. 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: 2024 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!*****