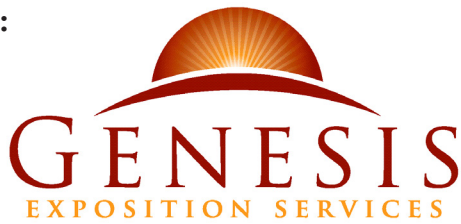


Remit to:



10801 Plantside Drive, Louisville, Kentucky 40299  
Telephone: 502.266.5101 Fax: 502.266.5102  
Email: orders@gen-expo.com

# MATS #79-2024 Install / Dismantle Display Labor Order Form

**Discount Deadline Date: Wednesday, February 28, 2024**

**Cancellation:** Cancellation *within 48 hours* of scheduled start will be charged a 1-hour minimum per man at the applicable hourly rate. Cancellations must be received in writing.  
**Late Request:** Requests after deadline will be filled as available.

## Labor Policies, Terms & Conditions

Exhibitors can save time by electing to have Genesis Exposition Services supervise the installation of exhibits prior to the exhibitor's arrival and/or after the exhibitor's departure by completing the Supervision Information Fact Sheet. All Genesis supervised jobs will be completed at our discretion prior to show opening and before the hall must be cleared, after the close of the show.

This form is not intended for the ordering of unloading/loading services. For information and cost relative to unloading and reloading your display, please see the Material Handling/Drayage Information and Service Order Form enclosed in this Service Manual.

**NOTE:** Your company is encouraged to carry insurance covering potential damages or loss associated with your display. Genesis Exposition Services assumes no liability for loss, damage or bodily injury arising out of the installation and/or dismantling of Exhibitor's property by Genesis-provided labor. Exhibitor assumes the responsibility, and any liability arising therefrom, for the work performed by Genesis labor under Exhibitor's supervision. In any case, the liability of Genesis Exposition Services will be limited to a maximum of 50% of the total labor bill, not to exceed \$1000.

<b>Straight Time</b>	Monday - Friday, 8:00 a.m. - 5:00 p.m.
<b>Overtime</b>	All other times Monday through Friday, and all day on Saturdays, Sundays & Holidays. In addition, any hours worked on non-published move-in / move-out days will be charged at overtime, with a 5-hour minimum charge.

- There is a 1-hour minimum charge per person ordered, with billing in 1-hour increments thereafter.
- Exhibit representative must check in at the on-site Genesis service desk to pick up labor at their scheduled time, as well as check the labor back in at the service desk upon completion of work (unless Genesis Supervision is ordered).
- Failure to check-in/pick up labor at time requested will result in a 1-hour per person no-show charge.
- Every attempt will be made to provide labor at the time requested, however, start time guaranteed only at start of work day.
- When scheduling dismantle labor, be sure to allow sufficient time for empty containers to be returned to your booth.

## Labor Rates

Item	Item Description	Straight Time	Overtime
1017	Customer Supervised - Install Display Labor	\$95.00 per hr. / per person	\$190.00 per hr. / p.p.
1019	Customer Supervised - Dismantle Display Labor	N/A (Sat./Sun. Dismantle)	\$190.00 per hr. / p.p.
1016	Genesis Supervised - Install Display Labor ( 2-person minimum ) *Must complete the Supervision Factsheet	\$123.50 per hr. / per person	\$247.00 per hr. / p.p.
1018	Genesis Supervised - Dismantle Display Labor ( 2-person minimum ) *Must complete the Supervision Factsheet	N/A (Sat./Sun. Dismantle)	\$247.00 per hr. / p.p.

## Labor Order & Calculation of Costs

Item #	Date Requested	Day of Week	Time Requested	# of Ppl. Requested	Est. S/T hrs. per person	Est. O/T hrs. per person	Total Hours x Rate ( ___ # of ppl. x ___ # of Hrs. = ___ Total Hours x Rate )		Estimated Cost
Example 1017	1/2	Fri.	3 AM PM	2	2	1	4 Total S/T Hours x \$ 95.00	= \$ 380.00	
							2 Total O/T Hours x \$ 190.00	= \$ 380.00	
			AM				Total S/T Hours x \$	= \$	
			PM				Total O/T Hours x \$	= \$	
			AM				Total S/T Hours x \$	= \$	
			PM				Total O/T Hours x \$	= \$	
			AM				Total S/T Hours x \$	= \$	
			PM				Total O/T Hours x \$	= \$	
			AM				Total S/T Hours x \$	= \$	
			PM				Total O/T Hours x \$	= \$	

(If you have more than four labor orders, please use the "Additional Labor Request Form" attached.)

Supervisor will be: \_\_\_\_\_

Subtotal = \$ \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Copy this subtotal to the **Payment Authorization Form**

**Payment Policy: Advance Discount:** To obtain the discount pricing, your order with full payment must be received by the deadline date published above. Any orders received before the deadline date without payment will be charged at the standard rates.

Yes, I have reviewed the *Payment Policy* and enclosed the **Payment Form**.  
All orders are subject to the terms and conditions as outlined on the payment form.

Booth Number: \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Fax \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Print Name \_\_\_\_\_

Email \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Remit to:



10801 Plantside Drive, Louisville, Kentucky 40299  
 Telephone: 502.266.5101 Fax: 502.266.5102  
 Email: orders@gen-expo.com

**MATS #79-2024**

**Additional Labor Request  
 Order Form**

**Discount Deadline Date: Wednesday, February 28, 2024**

**Cancellation:** Cancellation *within 48 hours* of scheduled start will be charged a 1-hour minimum per man at the applicable hourly rate. Cancellations must be received in writing.  
**Late Request:** Requests after deadline will be filled as available.

The Additional Labor Request Order Form is to be used as a continuation of your labor requests from one of the prior labor order forms. For labor codes, pricing, policies, terms and conditions, please refer to the appropriate form. If you require more than twelve labor orders, copies of this form are acceptable.

**Labor Order & Calculation of Costs**

Example

Item #	Date Requested	Day of Week	Time Requested	# of Ppl. Requested	Est. S/T hrs. per person	Est. O/T hrs. per person	Total Hours x Rate ( ___ # of ppl. x ___ # of Hrs. = ___ Total Hours x Rate )	Estimated Cost
1017	1/2	Fri.	3 AM	2	2	1	4 Total S/T Hours x \$ 95.00	= \$ 380.00
			PM				2 Total O/T Hours x \$ 190.00	= \$ 380.00
			AM				Total S/T Hours x \$	= \$
			PM				Total O/T Hours x \$	= \$
			AM				Total S/T Hours x \$	= \$
			PM				Total O/T Hours x \$	= \$
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			PM				Total O/T Hours x \$	= \$
			AM				Total S/T Hours x \$	= \$
			PM				Total O/T Hours x \$	= \$
			AM				Total S/T Hours x \$	= \$
			PM				Total O/T Hours x \$	= \$

(If you have more than twelve labor orders, please make copies of this form.)

Supervisor will be: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Subtotal = \$ \_\_\_\_\_

Copy this subtotal to the **Payment Authorization Form**

**Payment Policy: Advance Discount:** To obtain the discount pricing, your order with full payment must be received by the deadline date published above. Any orders received before the deadline date without payment will be charged at the standard rates.

Yes, I have reviewed the **Payment Policy** and enclosed the **Payment Form**. All orders are subject to the terms and conditions as outlined on the payment form. **Booth Number:** \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_ Print Name \_\_\_\_\_  
 Email \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Remit to:



10801 Plantside Drive, Louisville, Kentucky 40299-2419

Telephone: 502.266.5101 Fax: 502.266.5102

Email: orders@gen-expo.com

## Genesis Supervised Labor Information Factsheet

*\*Please note that completion of this form is not necessary if someone from your company will be present to supervise your requested labor.*

Only when provided the complete information requested below will we be able to install/dismantle your booth in a timely fashion. Lack of this information may result in costly delays and/or damages to your booth due to improper installation or packing, for which we will not be held responsible. Failure to provide the information requested will result in this order being processed as a *customer supervised* installation/dismantle. (Copies of this form are acceptable if you have multiple inbound/outbound shipments.)

### Inbound Freight Information

**Ship To:**

(YOUR COMPANY NAME)

c/o Genesis

10801 Plantside Drive

Louisville, KY 40299

MATS 2024 - (Description: Sign, booth, etc.)

(YOUR BOOTH NUMBER)

**Must Arrive No Later than:**

**Friday, March 8, 2024**

Copy of Bill of Lading Attached

Carrier: \_\_\_\_\_ Ship Date: \_\_\_\_\_

Shipped By: \_\_\_\_\_ City & State: \_\_\_\_\_

Weight: \_\_\_\_\_ Tracking Number: \_\_\_\_\_

Number of Pieces: \_\_\_\_\_ Estimated Arrival Date: \_\_\_\_\_

Description/Color of Case(s)/Crate(s): \_\_\_\_\_

*\*Please note that Genesis will only except shipments that have requested Genesis Supervision to install. All other freight must ship to the KY Exposition Center. Please refer to their "Material Handling Form".*

### Required Installation / Dismantle Information

- Packing List of all materials shipped including crate/case numbers. Also include copies of inbound Bill(s) of Lading if possible.
- Complete set-up instructions.
- Set-up drawings/pictures, including front view, top view, and side view. If your booth is a bulk area, please provide an overview showing the location of neighboring booths. Also, please include a listing of all graphics and their placement on these diagrams.
- Packing instructions for the proper re-packing of all booth properties.
- Contact name and 24-hour emergency phone number: \_\_\_\_\_
- All of the above requested Installation / Dismantle information is included within the exhibit shipment.

### Outbound Freight Information

You may use the carrier of your choice, however you will need to schedule the pick-up. Please check with the KY Exposition Center for driver check-in dates & times for carriers other than the official carrier, TForce Freight.

**CARRIER SCHEDULED:** \_\_\_\_\_ **SCHEDULED PICK-UP DATE & TIME:** \_\_\_\_\_

**Ship To:**

Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Attn: \_\_\_\_\_ Phone: \_\_\_\_\_

**Bill Freight Charges To:** (Complete only if different than ship to address)

Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Attn: \_\_\_\_\_ Phone: \_\_\_\_\_

**If any of your outbound shipping information changes, please notify us as soon as possible. Genesis Exposition Services will not be responsible for shipments shipped out incorrectly.**

**Booth Number:** \_\_\_\_\_

Company Name \_\_\_\_\_

Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Fax \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Print Name \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_