Remit to:



10801 Plantside Drive, Louisville, Kentucky 40299 Telephone: 502.266.5101 Fax: 502.266.5102

Email: orders@gen-expo.com

MATS #79-2024 Display Vehicle & Trailer Spotting Service

Discount Deadline Date: Wednesday, February 28, 2024

Only when provided the complete information requested below, will we be able to spot and/or deliver your vehicle/trailer to your booth space. This form must be completed and submitted prior to the deadline date in order to ensure that your properties can be delivered. Facility limitations and other exhibitors requirements may dictate restrictions to what may be brought into your space. Lack of this information or late arrival of your vehicle/trailer may result in extra labor charges to move exhibits/structures to get your vehicle into your space. If you miss your targeted time slot, we cannot gaurauntee that your vehicle will make it into your booth space. Please have your driver check in at the on-site Genesis Service Desk prior to their scheduled move in time for further instruction.

Spotting Fees									
	\$ 205.00								
	er\$ 285.00								
Vehicle Information									
Delivery Information: Dropping in Lot D in Advance. Drop	date: Direct to Show								
Target Vehicle Move-In Scheduled Day & Time:									
On-site vehicle drop/pick-up contact:	Cell #:								
On-site booth contact:	Cell #:								
Please refer to the color coded "Move-In Schedule" map found o	n www.truckingshow.com under "Exhibit / Exhibitor Planning / Show								
Logistics".									
Planning to have vehicle washed?									
Quantity of Vehicles to be displayed in exhibit space:									
Type of equipment: (Complete separate form if more than 5 vehicles and/or trailers):									
☐ Tractor ☐ Tractor & trailer ☐ Trailer only ☐ Other:									
Description (Indicate dimensions, license #, ID#, color, etc.):									
Veh. #1: Dimensions: W L H Des	scription:								
Veh. #2: Dimensions: W L H Des	scription:								
Veh. #3: Dimensions: W L H Des	scription:								
Veh. #4: Dimensions: W L H Des									
nected. All fuel tanks that are not equipped with locking gas caps	owered equipment, tools, etc., on display shall have their batteries disconshall have the gas caps sealed with tape. All such fuel tanks shall be less lding." Genesis will not be responsible for disconnecting / reconnecting ding, as this is the Exhibitors responsibility.								
***Please be sure to have your driver check in at the on-site Gen	Subtotal This Form:\$								
Service Desk located in East Hall Rooms 3 & 4 or West Wing Loc	bby Please copy this subtotal to the								
prior to their scheduled move in time for further instructions.	Payment Authorization Form								
orders received before the deadline date without payment will be charged at the									
Yes, I have reviewed the <i>Payment Policy</i> and enclosed the Payment F All orders are subject to the terms and conditions as outlined on the pa									
Company Name	Phone								
Street Address	Fax								
City / State / Zip	Print Name								
Email	Signature Date								

Remit to:



Display Vehicle & Trailer Placement Diagram

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Required Placement Information

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Please use this grid to show placement of your vehicle(s) and/or trailer(s).

To use this grid:

- 1. Indicate all vehicles to be displayed in your booth using vehicle #'s indicated in the description section of the Spotting Service Form.
- 2. List dimensions for your booth, as well as the placement of vehicle(s) and/or trailer(s) you are moving in the exhibit space.
- 3. Indicate the adjacent booth numbers to show proper orientation. A copy of the current loor plan can be found online at www.truckingshow.com, under "The Show" in the header menu.

<u>Payment Policy:</u> 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 <i>Payment Policy</i> and enclosed the Payment Forn All orders are subject to the terms and conditions as outlined on the payment	n. ent form.	Form. Booth Number:								
Company Name	Phone									
Street Address	Fax									
City / State / Zip	Print Name _									
Email	Signature		Date							