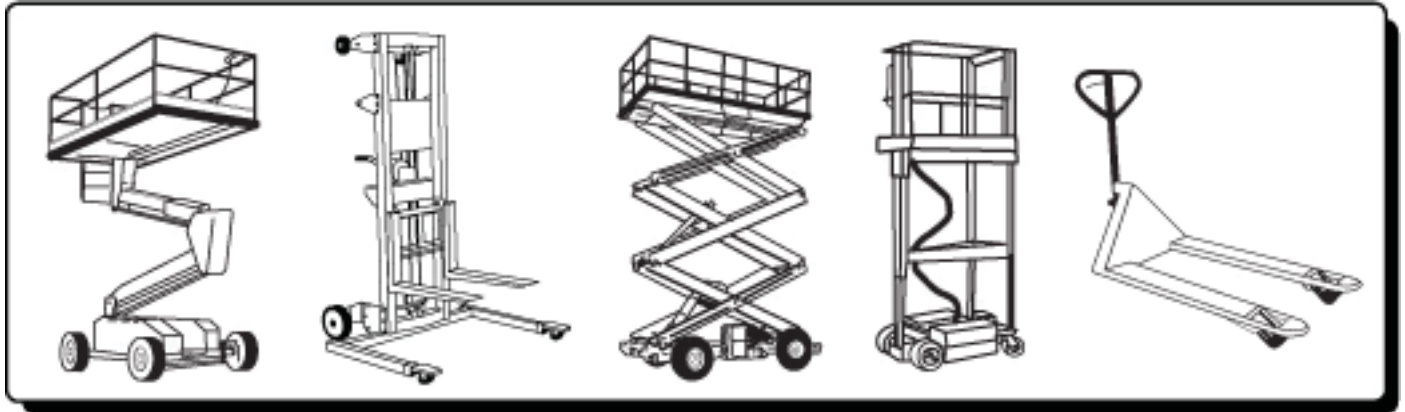




ATTENTION ALL EXHIBITORS!



The operation or use of all motorized lifting equipment for installation of booth structures or signs is not permitted by exhibitors or their appointed contractors.

The operation or use of motorized or mechanical material handling equipment is not permitted by exhibitors or their appointed contractors. This also includes all mechanical scooters.

ALL LIFTS, SCOOTERS, AND MOTORIZED EQUIPMENT MUST BE PROVIDED BY THE OFFICIAL SERVICE PROVIDER.

Scooters and carts may only be used by the individuals to whom the scooters and carts are issued. Genesis equipment is for use by Genesis employees only. Please **do not** take it for your use.

Customer acknowledges that the show site and surrounding areas are active work zones. Customer, its agents, employees and representatives are present at their own risk.

Thank you for your complete cooperation.

NEED ASSISTANCE? Please call Genesis Exposition Services at 502.266.5101

Remit to:



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

MATS #79-2025

**In-Booth Forklift w/Operator
 Labor Order Form**

Discount Deadline Date: Wednesday, March 5, 2025

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

If your exhibit includes large headers, overhanging structures, heavy machinery or display components (in excess of 70 pounds per person) which cannot be lifted in place by display labor, you will require a forklift w/ operator for your installation and dismantle. The forklift comes with one operator. If additional labor is required, they may be ordered with the Install and Dismantle Display Labor Order Form and will be billed at the published rates on that form. 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 Drayage Information and Service Order Form enclosed.

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.

Straight Time	Monday - Friday, 8:00 a.m. - 5:00 p.m.
Overtime	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 forklift w/operator ordered, with billing in 1-hour increments thereafter.
- Exhibit representative must check in at service desk to pick up labor, as well as check the labor back in at the service desk upon completion of work.
- Failure to pick up labor at time requested will result in a 1-hour per forklift w/operator 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
1005	Customer Supervised - Install - Forklift w/Operator - up to 5,000 lbs. weight capacity/maximum height 15'	\$243.00 per hr.	\$343.00 per hr.
1007	Customer Supervised - Dismantle - Forklift w/Operator - up to 5,000 lbs. weight capacity/maximum height 15'	N/A (Sat./Sun. Dismantle)	\$343.00 per hr.
1001	Customer Supervised - Install - 4-Stage Forklift w/Operator - up to 5,000 lbs. weight capacity/maximum height 20'	\$433.00 per hr.	\$613.00 per hr.
1003	Customer Supervised - Dismantle - 4-Stage Forklift w/Operator - up to 5,000 lbs. weight capacity/maximum height 20'	N/A (Sat./Sun. Dismantle)	\$613.00 per hr.
1004	Personnel Basket for Forklift, in addition to the cost of the forklift w/operator for actual hours used	\$60.00 per hr.	\$ 60.00 per hr.

Labor Order & Calculation of Costs

Item #	Date Requested	Day of Week	Time Requested	# of Lifts Requested	Est. S/T hrs.	Est. O/T hrs.	Total Hours x Rate (# of lifts w/Op. x # of Hrs. = Total Hours x Rate)	Estimated Cost
<i>Example</i> 1005	1/2	Fri.	3 AM	1	2	1	2 Total S/T Hours x \$ 243.00 = \$ 486.00	\$ 486.00
			PM				1 Total O/T Hours x \$ 343.00 = \$ 343.00	
			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 \$	= \$

(If you have more than two 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 #79-2025

**Additional Labor Request
 Order Form**

Discount Deadline Date: Wednesday, March 5, 2025

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 \$ 100.00	= \$ 400.00
			PM				2 Total O/T Hours x \$ 200.00	= \$ 400.00
			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 \$	= \$
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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 _____