

Remit to:



10801 Plantside Drive, Louisville, Kentucky 40299

Telephone: 502.266.5101 Fax: 502.266.5102

Email: orders@gen-expo.com

MATS #79-2026

Install / Dismantle

Display Labor Order Form

Discount Deadline Date: Thursday, March 5, 2026

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 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. In order to request Genesis Supervision for dismantle, your booth must be installed under Genesis Supervision. Genesis Supervision for dismantle only is **not** permitted. 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.

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 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	\$105.00 per hr. / per person	\$210.00 per hr. / p.p.
1019	Customer Supervised - Dismantle Display Labor	N/A (Sat./Sun. Dismantle)	\$210.00 per hr. / p.p.
1016	Genesis Supervised - Install Display Labor (2-person minimum) *Must complete the Supervision Factsheet	\$136.50 per hr. / per person	\$273.00 per hr. / p.p.
1018	Genesis Supervised - Dismantle Display Labor (2-person minimum) *Must have hired Supervision for Install.	N/A (Sat./Sun. Dismantle)	\$273.00 per hr. / p.p.

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 \$ 105.00	= \$ 420.00
			PM				2 Total O/T Hours x \$ 210.00	= \$ 420.00
			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 "Labor Request Form" attached for your additional requests.)

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 #79-2026

Additional Install / Dismantle Display Labor Order Form

Discount Deadline Date: Thursday, March 5, 2026

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 \$ 105.00	= \$ 420.00
			PM				2 Total O/T Hours x \$ 210.00	= \$ 420.00
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			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 2026 - *(Description: Sign, booth, etc.)*

(YOUR BOOTH NUMBER)

Must Arrive No Later than:

Friday, March 13, 2026

☐ 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 _____