

Northeast Decorating & Exhibit Services
225 Wilkinson Street
Syracuse NY 13204
Phone: 315- 471- 9989
Fax: 315- 471- 0237

Goodguys 18th East Coast Nationals
Dutchess County Fairgrounds-Rhinebeck, NY
June 26-27-28, 2009

Equipment Order Form

NOTE: ORDERS MUST BE RECEIVED BY JUNE 19, 2009

JOB: 2621

<u>Qty</u>	<u>Description</u>		<u>Amount</u>
	<u>Wood Display Tables</u>		
_____	4'x 24" Table (Plain, w/ Vinyl Topping Only)	\$	15.00 _____
_____	6'x 24" Table " "		15.00 _____
_____	8'x 24" Table " "		15.00 _____
_____	6'x 30" Table " "		16.00 _____
_____	8'x 30" Table " "		16.00 _____
_____	Extension Legs (ONLY) to raise above table to 40" High-Set of 4		5.00 _____
_____	30" Round Cafe Table (30"High <u>OR</u> 40" High- <u>CIRCLE HEIGHT CHOICE</u>)		15.00 _____
	<u>Table Skirting</u> Colors: (Show Colors)		
_____	30"High Skirting	\$	20.00 _____
_____	40"High Skirting (Includes Extension Legs for 40"High)		25.00 _____
	<u>Chairs</u>		
_____	Folding Chair (White <u>OR</u> Gray)	\$	6.00 _____
_____	Padded Chair		8.50 _____
_____	Bar Stool (Econo-Padded seat, no back)		25.00 _____
_____	Bar Stool (Deluxe-Padded back & seat)		35.00 _____
	<u>Carpeting- INSIDE VENDORS ONLY- CIRCLE COLOR CHOICE</u>		
_____	10'x 10' (Blue Red Gray Black Burgundy)	\$	40.00 _____
_____	10' x 20' " " " " "		80.00 _____
_____	10' x 30' " " " " "		110.00 _____
	<u>Miscellaneous</u>		
_____	Floodlight Unit (2-150 watt floods on 8' upright pole)		25.00 _____
_____	Wastebasket		6.50 _____
_____	Tripod Easel		20.00 _____
_____	Bag Holder		25.00 _____

Payment Policy: FULL PAYMENT MUST ACCOMPANY THIS PRE-ORDER
 Above rental prices are for the duration of the show and include delivery and
pick-up of equipment to/from designated spaces. All material to remain the
property of Northeast Decorating. Prices listed above cover rental only.
******PLEASE PRINT CLEARLY & FILL IN COMPLETELY**

Sub Total: _____
**** 8.125%**
 Sales Tax: + _____
 Total Due: _____

Name: _____
 Company: _____
 Address: _____
 City, State, Zip: _____

Booth# _____
 PHONE: () _____
 FAX: () _____

() Charge my Visa/MC/AMEX# _____ Exp. Date _____