

# Main Line Expo

200 Schell Lane, Suite 204  
 Phoenixville, PA 19460  
 (610) 265-6200  
[lisa@mainlineexpo.com](mailto:lisa@mainlineexpo.com)

## Furniture, Accessories, Order Form

Each item below includes delivery to booth, use during event and removal afterward. Advance pricing applies to orders received prior to Friday, February 21st. Orders received after this date will be charged at regular price. Final date to place orders is Friday, February 28<sup>th</sup> by 4pm. Payment will be processed when your order is submitted.

Quantity	Item	Advance Price	Regular Price	Total
<b>Chair Options</b>				
_____	Director Chair	50.00	75.00	_____
_____	Padded Chair	25.00	35.00	_____
_____	Standard Chair	20.00	30.00	_____
<b>Table Options</b>				
_____	4' x 30"H Draped Table	50.00	80.00	_____
_____	6' x 30"H Draped Table	85.00	115.00	_____
_____	8' x 30"H Draped Table	90.00	120.00	_____
_____	Extend table to 42"H	20.00	45.00	_____
_____	36" High Top Table w/ Linen	65.00	95.00	_____
<b>Accessories</b>				
_____	Wastebasket w/ liner	15.00	25.00	_____
_____	Tripod Easel	35.00	60.00	_____
_____	Literature Rack	65.00	90.00	_____
_____	Chrome Stanchion and Rope	40.00	55.00	_____
<b>Booth Carpet</b>				
<i>Black, Pink, Turcdo, Grey, Blue, Red, Burgundy, Purple Hunter Green (Circle color preference)</i>				
_____	10' x 10' Booth Carpet	125.00	195.00	_____
_____	10' x 20' Booth Carpet	220.00	290.00	_____
_____	20' x 20' Booth Carpet	395.00	465.00	_____
_____	3 Day Vacuum and Booth Cleaning	\$44.00 per 10'x10' space		_____

(For discounted booth carpeting exceeding 20'x20', please call our office at 610-265-6200)

**TOTAL:**     \$ \_\_\_\_\_

Please be advised, standing on chairs, tables or other rental furniture is prohibited. Main Line Expo will not be responsible for injuries or falls caused by improper use of furniture.

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## Recap Form

Furniture/Accessories  
Drayage/Material Handling  
Labor Order

Total \$ \_\_\_\_\_

Company \_\_\_\_\_ Booth# \_\_\_\_\_

Address \_\_\_\_\_

Ordered by \_\_\_\_\_ Phone \_\_\_\_\_

Visa  Master Card  AMEX # \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ CVV (3-4 digit code): \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

\* By signing, you accept below terms / conditions and approve a minimum charge of \$30.00 upon receipt of completed forms. An invoice will then be generated for the full amount and sent via e-mail. Full payment is due prior to exhibitor Move In Date\*