



Exhibit Equipment Rental Form

Show or Event Name: **2013 Farmer's Market Holiday Show**

Booth #: _____
 Company Name: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ E-Mail: _____

Equipment Summary

_____ 6' x 30" Skirted Table.....	\$15.00 each	Total \$ _____
_____ 6' x 18" Skirted Table.....	\$15.00 each	Total \$ _____
_____ Additional Table Skirts.....	\$7.00 each	Total \$ _____
_____ Add'l Chairs (2 come with booth space).....	\$3.00 each	Total \$ _____
_____ Phone Line (must be ordered 1 week in advance).....	\$175.00 each	Total \$ _____
_____ 8' high x 8' long add'l back drape.....	\$20.00 each	Total \$ _____
_____ Pole and Crossbar.....	\$25.00 each	Total \$ _____
_____ DSL Line (must be ordered 1 week in advance).....	\$225.00 each	Total \$ _____
_____ 220v Electrical(must be ordered 1 week in advance).....	\$150.00 each	Total \$ _____
_____ Sign Hanging from Arena Ceiling.....	\$175.00 each	Total \$ _____
_____ Motorhome Plug In, in back lot.....	\$75.00 each	Total \$ _____
	Total \$	_____

PAYMENT IN FULL IS REQUIRED BEFORE ITEMS WILL BE DELIVERED

Method of Payment: Visa _____ Mastercard _____ Cash _____ Check # _____
 Account # _____
 CV code: _____ Exp. Date: _____ Billing Zip Code: _____ Amt to Charge: _____
 Cardholder Name _____
 Signature of Authorization _____

Please return completed form to bhogue@fnsb.us or
 Carlson Center ~ 2010 2nd Ave. ~ Fairbanks, AK 99701 ~ ph(907)451-7800 ~ fx(907)451-1195

TERMS AND CONDITIONS

ALL ORDERS TAKEN THREE (3) DAYS OR LESS BEFORE THE EVENT WILL BE CHARGED AT 1.5 TIMES MORE THAN THE REGULAR PUBLISHED RATE. All cancellations and removal of rented material after move-in begins are subject to a 1/3 restacking fee. There are no refunds for phone or DSL lines. All equipment is subject to availability. Payment in full is required before processing. At this time we are not able to invoice after the Show. We do not have 8' long tables available at this time. Please do not call or e-mail orders, we must receive them in writing, on this form.

OFFICE USE ONLY			
PAID IN FULL _____	DATE _____	ITEMS DELIVERED _____	INITIAL _____