

# FURNITURE ORDER FORM



Phone: (727) 577-1168

Fax: (727) 579-4974

2025 Ocala RV Show  
Florida Horse Park, Ocala  
March 6 - 9, 2025

## UNSKIRTED TABLES WITHOUT TOPPING

ALL TABLES ARE 24" WIDE

	Regular	Discount
___ 4' TABLE 30"	61.00	49.00
___ 4' TABLE 42"	73.00	55.00
___ 6' TABLE 30"	77.00	58.00
___ 6' TABLE 42"	86.00	67.00
___ 8' TABLE 30"	97.00	80.00
___ 8' TABLE 42"	110.00	92.00
___ 30" Rounds (30"/42")	97.00	80.00

## SKIRTED TABLES WITH TOPPING

(FLAME RETARDENT)

ALL TABLES ARE 24" WIDE

	Regular	Discount
___ 4' TABLE 30"	122.00	90.00
___ 4' TABLE 42"	137.00	105.00
___ 6' TABLE 30"	126.00	97.00
___ 6' TABLE 42"	154.00	116.00
___ 8' TABLE 30"	147.00	115.00
___ 8' TABLE 42"	167.00	135.00
___ 30" Rounds (30" or 42" high)	147.00	115.00

**CALL FOR ANY SPECIAL COLOR REQUEST**

## BOOTH CARPETING

Rental includes installation, front edge taping and picking up at the end of the show. Booth carpet is supplied only in lengths up to 40' long. For booths larger than 40' in length or for spaces configured as an island or peninsula, please call the office for a custom quote.

MARK YOUR SIZE	SHOW	DISCOUNT
___ 10 x 10	201.00	173.00
___ 10 x 20	390.00	312.00
___ 10 x 30	557.00	535.00
___ 10 x 40	775.00	641.00

**CALL FOR ANY SPECIAL COLOR REQUEST**

## ACCESSORIES

___ Wastebasket	34.00	27.00
___ Easels	50.00	39.00

Misc. items available, magazine racks, etc.

**\*\*NOTE\*\***

**DISCOUNT PRICE DEADLINE  
TWO WEEKS PRIOR TO MOVE-IN**

PHONE: (727) 577-1168

REMIT ALL PAYMENTS TO:  
EXPOSITIONS ETCETERA  
P.O. BOX 22978

ST. PETERSBURG, FLORIDA 33742

## CHAIRS

	Regular	Discount
___ Arm Chairs	66.00	45.00
___ Folding Chairs	40.00	25.00
___ Padded Counter Stool	110.00	80.00

## POSTERBOARD

___ 4 X 8	186.00	80.00
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## CUSTOM BOOTH DRAPE

___ Feet of 8' High	8.00	Per Running Foot
___ Feet of 3' High	8.00	Per Running Foot
___ Individual Skirts	52.00	Each

TOTAL AMOUNT ORDERED \$ \_\_\_\_\_

7% SALES TAX \$ \_\_\_\_\_

PAYMENT ENCLOSED \$ \_\_\_\_\_

\_\_\_ CHECK \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ AMERICAN EXPRESS \_\_\_ CASH

PLEASE FILL OUT CREDIT CARD AUTHORIZATION FORM

COMPANY: \_\_\_\_\_

BOOTH#: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

NO CANCELLATIONS AFTER DELIVERY TO BOOTH. ALL FEES MUST BE PAID PRIOR TO SHOW SET-UP OR THERE WILL BE A 5% LATE CHARGE APPLIED TO YOUR INVOICE. ORDERS WILL NOT BE PROCESSED WITHOUT PAYMENT. THERE WILL BE A 50% CANCELLATION FEE APPLIED AFTER ORDER HAS BEEN PROCESSED. AN "ACT OF GOD" CANCELLATION OF EVENT WILL RESULT IN FORFEITURE OF PROCESSED ORDER PAYMENTS AS LIQUIDATED DAMAGES. THERE WILL BE A 3% HANDLING FEE ON ALL CREDIT CARD PAYMENTS.

Revised: January 2020



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## PAYMENT & CREDIT CARD CHARGE AUTHORIZATION

RETURN TO: Expositions Etcetera \* P.O. BOX 22978 \* St. Petersburg, Florida 33742 USA \* Phone (727) 577-1168 \* Fax (727) 579-4974

COMPANY			BOOTH NUMBER	
ADDRESS	STREET	CITY	STATE	ZIP
PHONE	FAX	EMAIL		
AUTHORIZED CONTACT SIGNATURE		AUTHORIZED CONTACT – PLEASE PRINT		DATE
X				

### CREDIT CARD CHARGE AUTHORIZATION Expiration date MUST be filled out to process order!

VISA ___ MASTERCARD ___ AMEX ___ CHECK: CORPORATE ___ PERSONAL ___ 3 digit code _____				
ACCOUNT NUMBER				
_____				EXPIRATION DATE:
CARDHOLDER'S BILLING ADDRESS - IF DIFFERENT FROM ABOVE			CITY	STATE
				ZIP
CARDHOLDER'S SIGNATURE		CARDHOLDER'S NAME - PRINT		
X				

**Please complete the information requested and return payment in full with this form and your orders.** You may choose to pay by credit card, check or cash, however, **we require your credit card authorization to be on file with Expositions Etcetera for your convenience**, we will use the authorization to charge your credit card for any additional amounts incurred as a result of show site orders placed by your representative for this event. **Expositions Etcetera's Federal ID # 27-1601666.**

## CALCULATION OF ORDERS

Furniture & Accessories.....	\$	_____
Labor.....	\$	_____
Freight Handling.....	\$	_____
Miscellaneous.....	\$	_____
FULL PAYMENT in U.S. funds drawn on a U.S. bank	\$	_____
Charge my credit card in the amount of	\$	_____
Check No. _____ Dated _____ in the amount of	\$	_____