



P.O. BOX 22978 – ST. PETERSBURG, FLORIDA 33742
 PHONE (727) 577-1168 – FAX (727) 579-4974

LABOR ORDER FORM

Florida RV Super Show
 January 14 - 19, 2025
 Florida State Fairgrounds
 Tampa, Florida

The following rates are on an hourly basis. However there is a one hour minimum charge per man per hour. **Overtime rates:** Labor before 8:00 am and after 5:00 pm on the weekdays and ALL hours on Saturday, Sunday and Holidays. Labor rates are subject to contract changes at time of the show.

Labor Rates:
Straight Time: \$ 89.00 per hour / per man
Overtime: \$120.75 per hour / per man

COMPLETE THE FOLLOWING INFORMATION:

<u>LABOR</u>	<u>Number of Men</u>	<u>Number of Hours</u>	<u>ST or OT</u>
TIME:			
<u>LABOR TO DISMANTLE</u>	<u>Number of Men</u>	<u>Number of Hours</u>	<u>ST or OT</u>
TIME:			

<u>PLEASE CHECK THE APPROPRIATE CHOICE BELOW:</u>		
Proceed without exhibitor present (add 30% additional charge) _____		Total: _____
DO NOT Proceed exhibitor will supervise set-up _____		

Please remit check or credit card payment to Expositions Etcetera and order early!
 American Express: __ MasterCard: __ Visa: __ Corporate Check: __

Special Instructions: (Please attach schematic)

**ON PRE ORDERED LABOR:
 ALL EFFORTS WILL BE MADE TO COMPLY WITH YOUR TIME SCHEDULES.
 SCHEDULE IS BASED ON FIRST COME FIRST SERVE BASIS.**

COMPANY:	
ADDRESS:	
PHONE :	
BOOTH #:	
CREDIT CARD AUTHORIZATION:	
ACCOUNT NUMBER:	
EXPIRATION DATE:	
AUTHORIZED SIGNATURE:	
PRINT NAME:	



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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 X		AUTHORIZED CONTACT – PLEASE PRINT		DATE	
CREDIT CARD CHARGE AUTHORIZATION <u>Expiration date MUST be filled out to process order!</u>					
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 X			CARDHOLDER'S NAME - PRINT		

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	\$	