

EXHIBITOR SERVICE MANUAL

***BC CANCER
AGENCY
ANNUAL
CONFERENCE***

NOVEMBER 30 - DECEMBER 4, 2011

***WESTIN BAYSHORE RESORT
VANCOUVER, BC***





BC CANCER AGENCY CONFERENCE

TELEPHONE: (250) 495-5025
FACSIMILE: (250) 495-5026

CREDIT CARD AUTHORIZATION

IF YOU ARE USING THE SERVICES OF SHOW IN MOTION, THIS FORM MUST BE COMPLETED AND RETURNED TOGETHER WITH A PHOTOCOPY OF BOTH THE FRONT AND BACK OF THE CREDIT CARD. NO ORDERS WILL BE ACCEPTED UNLESS ALL INFORMATION IS PROVIDED.

BY SIGNING THIS FORM YOU AGREE THAT YOUR ORDER WILL BE GOVERNED AND BOUND BY BOTH THE SHOW IN MOTION PAYMENT POLICY AND TERMS AND CONDITIONS OF CONTRACT AS SPECIFIED IN THE EXHIBITOR MANUAL AND HAVE ADVISED YOUR SHOW SITE REPRESENTATIVE(S) ACCORDINGLY.

WE WILL USE THIS AUTHORIZATION TO CHARGE YOUR CREDIT CARD ACCOUNT FOR ADVANCE ORDERS AND ANY ADDITIONAL AMOUNTS INCURRED AS A RESULT OF SHOWSITE ORDERS PLACED BY YOU OR YOUR REPRESENTATIVE. THESE CHARGES MAY INCLUDE LABOR, MATERIALS HANDLING OR ANY CHARGES WHICH SHOW IN MOTION MAY BE OBLIGATED TO PAY ON YOUR BEHALF INCLUDING, WITHOUT LIMITATION, ANY SHIPPING CHARGES.

WE RESERVE THE RIGHT TO ADJUST ORDERS NOT CALCULATED CORRECTLY.

THIS COMPLETED FORM MUST ACCOMPANY ALL OTHER COMPLETED SERVICE REQUEST FORMS.

COMPANY: _____	BOOTH #: _____
ADDRESS: _____	PHONE #: _____
CITY & PROVINCE: _____	FAX #: _____
POSTAL / ZIP CODE: _____	EMAIL: _____

PLEASE COMPLETE CLEARLY THE FOLLOWING INFORMATION;

MASTERCARD VISA AMERICAN EXPRESS

ACCOUNT NUMBER

EXPIRATION DATE _____

CCV CODE _____

I, _____ of _____ do
(Cardholder name) (Exhibiting Company)

hereby authorize Show In Motion Services, Inc. to charge my credit card for expenses related to the above named event. I understand that the total amount of the charges to my credit card is subject to final verification by Show In Motion at the conclusion of the event allowing for my estimation of labor and / or materials handling charges and / or pre-show discounts. I further understand and agree that, as the representative for the exhibiting company, I am ultimately responsible for payment of all charges and agree to be bound by all terms and conditions as described on this form and the Payment Policy Form.

BILLING ADDRESS: _____

CARDHOLDERS SIGNATURE: _____

YOUR SIGNATURE DENOTES ACCEPTANCE OF ALL TERMS & CONDITIONS INCLUDED IN THIS SERVICE MANUAL.



BC CANCER AGENCY CONFERENCE

BOOTH CLEANING ORDER FORM

TELEPHONE: (250) 495-5025
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As the official service contractor, Show In Motion has exclusive jurisdiction over all cleaning services. This jurisdiction prohibits other service contractors including exhibitor appointed contractors from providing these services. The cleaning services provided by the exhibit hall include a general sweeping of the aisles only. All carpets ordered from Show In Motion will be installed in clean condition, however you may wish to order cleaning service prior to show opening to remove any debris caused during set-up. Cleaning service required during the event and within your booth space may be ordered below.

100 Square Foot Minimum Charge

STANDARD BOOTH CLEANING

TOTAL SQUARE FEET _____ X NUMBER OF DAYS _____ X \$.50 = \$ _____

BOOTH CLEANING FIRST DAY ONLY

TOTAL SQUARE FEET _____ X 1 DAY X \$.75 = \$ _____

PORTER SERVICE

TOTAL SQUARE FEET _____ X NUMBER OF DAYS _____ X \$ 1.05 = \$ _____

POST DEADLINE RATE (ADD 30%) - \$ _____

CALCULATE 12 % HST ON ABOVE TOTAL - \$ _____

TOTAL COST - \$ _____

Our standard booth cleaning service includes daily vacuuming of carpet, emptying of wastepaper baskets, general cleaning and dusting of exhibit and furnishings.

Our porter service includes emptying of wastepaper baskets, wipe down of counters and removal of glasses and coffee cups at 2 hour intervals.

COMPANY: _____

CONTACT: _____

BOOTH #: _____

STANDARD RATES WILL BE APPLIED TO ALL ORDERS NOT RECEIVED AND PAID IN FULL PRIOR TO: NOVEMBER 10, 2011

YOUR COMPLETED CREDIT CARD AUTHORIZATION FORM MUST ACCOMPANY THIS ORDER FORM.



TELEPHONE: (250) 495-5025
 FACSIMILE: (250) 495-5026

BC CANCER AGENCY CONFERENCE

ELECTRICAL & LIGHTING ORDER FORM

ELECTRICAL SERVICES - POWER

	PRICE Pre-Deadline	PRICE Standard Rate	QUANTITY	AMOUNT
120 Volt, 1500 Watts, 12 Amp Single Outlet	90.00	117.00		
120 Volt, 1500 Watts (24 hour service)	120.00	156.00		
120 Volt, 2000 Watts, NEMA 5-20 Plug	200.00	260.00		
120 Volt, 3000 Watts, NEMA 5-30 Plug	250.00	325.00		
208 Volt, 15 Amp, Single Phase Service	350.00	455.00		
208 Volt, 20 Amp, Single Phase Service	400.00	420.00		
208 Volt, 30 Amp, Single Phase Service	450.00	585.00		
208 Volt, 60 Amp, Single Phase Service	700.00	910.00		
208 Volt, 15 Amp, Three Phase Service	450.00	585.00		
208 Volt, 20 Amp, Three Phase Service	500.00	650.00		
208 Volt, 30 Amp, Three Phase Service	650.00	845.00		
208 Volt, 60 Amp, Three Phase Service	800.00	1040.00		
Tie-In Service, Additional Labor Charge. 1 Hour Minimum Install. 1/2 Hour Minimum Dismantle. Monday - Friday: 8:00 AM - 4:00 PM	70.00/HR.	91.00/HR.		

SEE ATTACHED FORM FOR TERMS & CONDITIONS

TO RECEIVE ADVANCE PRICES FULL PAYMENT MUST ACCOMPANY YOUR ORDER AND BE RECEIVED PRIOR TO THE DEADLINE DATE NOTED ABOVE.

FOR A DEDICATED CIRCUIT OR 24 HOUR SERVICE DOUBLE THE OUTLET RATE PRICE.

ELECTRICITY WILL BE TURNED ON WITHIN 30 MINUTES OF SHOW OPENING AND OFF WITHIN 30 MINUTES AFTER SHOW CLOSING.

IF YOU REQUIRE HIGHER VOLTAGES, WATTAGES OR SPECIAL LIGHTING, PLEASE CALL FOR A QUOTE.

THERE IS A MINIMUM LABOR CHARGE OF 1.5 HOURS FOR ALL TIE-IN SERVICES AND ANY SERVICE REQUIRING 208 VOLT OR HIGHER SERVICES.

LABOR RATES:
 MONDAY - FRIDAY (EXCEPT HOLIDAYS)
 8:00 AM - 4:00 PM \$ 70.00 / HOUR
 ALL OTHER HOURS \$ 90.00 / HOUR

IT IS YOUR RESPONSIBILITY TO SUPPLY AN APPROVED GFCI PROTECTION DEVICE FOR ANY SERVICE PROVIDED FOR USE TO A HOT TUB.

ISLAND BOOTHS
 A SCALED FLOORPLAN MUST ACCOMPANY ALL ORDERS SHOWING LOCATION OF ELECTRICAL OUTLETS, CONNECTIONS AND LIGHTING EQUIPMENT.

PLEASE PROVIDE YOUR REQUIRED RECEPTACLE INFORMATION

Straight Blade Twist Lock Tie-In

LIGHTING SERVICES

Double Head Light Unit On Stand - 150 Watts	60.00	78.00		
Triple Head Light Unit On Stand - 150 Watts	70.00	91.00		
Arm Bar Light Unit - 75 Or 150 Watts	40.00	52.00		
Triple Head Extension Cord	20.00	26.00		
Power Bar / Surge Suppressor	30.00	39.00		

SUB-TOTAL

12 % HST

TOTAL

COMPANY: _____

CONTACT: _____

BOOTH #: _____

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BC CANCER AGENCY CONFERENCE

TABLES & CHAIRS LEASE ORDER FORM

TELEPHONE: (250) 495-5025

FACSIMILE: (250) 495-5026

DISPLAY ITEMS	PRICE	PRICE	QUANTITY	AMOUNT
	Discount Rate	Standard Rate		
TABLES & RISERS				
Covered & Skirted Display Table (2' X 4')	\$ 65.00	\$ 85.00		
Covered & Skirted Display Table (2' X 6')	77.00	100.00		
Covered & Skirted Display Table (2' X 8')	84.00	109.00		
4th. Side Of Table Skirted	35.00	45.00		
Extension To 40" Height - Add	35.00	45.00		
Unskirted Display Table	50.00	65.00		
Blue, Teal, Green, Red, Black, Silver, Purple, Gold or White (Circle Preference)				
30" Round Pedestal Table - 28" High with White Linen	65.00	85.00		
30" Round Pedestal Table - 28" High with Black Linen	70.00	91.00		
30" Round Bistro Table - 40" High with White Linen	75.00	98.00		
30" Round Bistro Table - 40" High with Black Linen	80.00	104.00		
30" Round Coffee Table - 17" High with White Linen	60.00	78.00		
30" Round Coffee Table - 17" High with Black Linen	65.00	85.00		
Table Risers - 8" high X 6" deep X 72" long	30.00	39.00		
CHAIRS				
Executive High Back Swivel Chair (Black Leather)	90.00	117.00		
Executive Low Back Swivel Chair (Black Leather)	80.00	104.00		
Executive Low Back Swivel Chair (Black Fabric)	70.00	91.00		
Deluxe Executive Armchair (Black Leather)	65.00	85.00		
High Back Bar Stool (Black & Silver)	75.00	97.00		
High Back Swivel Stool (Black or Silver)	65.00	85.00		
Upholstered Arm Chair (Black)	45.00	58.00		
Upholstered Side Chair (No Arms)	40.00	52.00		
COMPLIMENTS (See Also Custom Accessories Sheet)				
2' x 8' Grid Panels - Black Chrome White	30.00	39.00		
Plexi Glass Ballot Box	30.00	39.00		
Tripod Easel - Black 6' tall	18.00	23.00		
Bag Holder - Chrome	45.00	58.00		
Waste Paper Basket	15.00	20.00		

SUB-TOTAL

12 % HST

TOTAL

COMPANY: _____

CONTACT: _____

BOOTH #: _____

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NOVEMBER 10, 2011**

**YOUR COMPLETED CREDIT
CARD AUTHORIZATION FORM
MUST ACCOMPANY THIS
ORDER FORM.**

**EXHIBIT MATERIAL
DO NOT DELAY
RUSH !**

EXHIBITING
COMPANY:

SHIP TO: C/O SHOW IN MOTION
21 - 8528 - 123 STREET
SURREY, BC, CANADA
V3W-3V6
(TEL) 604-599-1440
(FAX) 604-599-1438

RE: BC CANCER AGENCY

BOOTH # : _____

CARRIER : _____

NUMBER _____ OF _____



BC CANCER AGENCY CONFERENCE

MATERIALS HANDLING ORDER FORM

TELEPHONE: (250) 495-5025
FACSIMILE: (250) 495-5026

Show In Motion, is the exclusive materials handling contractor for this event. If you are shipping any material to this event it is compulsory that you complete this form and return it to us. We will receive your display material up to 21 days prior to move-in. All shipments must be sent prepaid. WE WILL NOT ACCEPT COLLECT SHIPMENTS. Material must be received not less than 7 full business days prior to the show to avoid surcharges.
SHIPMENTS DIRECT TO SHOW SITE ARE NOT PERMITTED AND WILL BE REFUSED.

SERVICE INCLUDES;

- Receiving and advance storage of your display material up to 21 days prior to show dates.
- Transport of your display material to show site and delivery of material, crates and boxes directly to your booth.
- Removal and storage of empty boxes and crates during show.
- Return of empty boxes and crates to your booth following the show.
- Re-loading of display material on to outbound carrier(s) from show site.

Crated or Skidded Shipment	\$.75 / Pound
Special Handling Shipment	\$.90 / Pound
Uncrated or Pad Wrap Shipment	\$ 1.05 / Pound

RATES

- Minimum charge of \$ 200.00
- Unmarked freight will be cubed at 30 pounds per cubic foot.

DEFINITIONS OF SERVICE;

CRATED: Exhibit material that is skidded or is in any type of shipping crate that unloaded at dock height with no additional handling required.

UNCRAVED: Exhibit material that is shipped loose or pad wrapped, and / or unskidded machinery.

SPECIAL HANDLING: Exhibit material delivered in such a manner that it requires additional handling such as ground level unloading, stacked or constricted space unloading, designated piece unloading, loads mixed with pad wrapped material, multiple shipments, carpet and / or pad only shipments and shipments that require additional time, equipment or labor to unload. FEDEX, UPS, Purolator and DHL are included in this category due to their delivery procedures.

When recording weight you must round up to the next one hundred (100) pounds. Example 445 lbs = 500 lbs.

Shipments arriving from different carriers and / or on different dates and times will be billed individually.

Dimensional or cubic weight will be charged where applicable.

Rates are based on incoming weight only.

SHIPPING ADDRESS: # 21 - 8528 - 123 STREET, SURREY, BC, V3W-3V6

MATERIAL SHIPPED FROM (CITY)	CARRIER	PRO OR WAYBILL NUMBER
DATE SHIPPED	# OF CRATES OR SKIDS	# OF BOXES
CUSTOMS BROKER		TOTAL # OF PIECES
COMPANY: _____		TOTAL WEIGHT
CONTACT: _____		POST DEADLINE - ADD 30%
BOOTH #: _____		SUB-TOTAL
		12 % HST
		TOTAL

ALL ORDERS ARE GOVERNED BY SHOW IN MOTION PAYMENT POLICY AND TERMS AND CONDITIONS OF CONTRACT.

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OUTBOUND FREIGHT SERVICE ORDER FORM

OUTBOUND FREIGHT ORDER FORM

In accordance with the storage and freight policies of both the facility and this event, all outbound freight must be shipped directly from show site immediately following the close of the exhibit.

If this policy is inconvenient for you and / or your carrier we are pleased to offer you the option of having your exhibit material returned to our warehouse to await pick-up from your carrier at a convenient time during normal business hours.

If you would like to order this service please complete the required information below and return this form to Show In Motion along with your other service request forms.

This service is offered in conjunction with our standard Materials Handling Service. You must complete and return the attached Materials Handling Order Form as well.

RATES

\$.45 / Pound - Pre-Deadline Rate
 \$ 150.00 Minimum Charge
 20% Fuel Surcharge
 Rates Based on Incoming Weight

PICK-UP INFORMATION

ADDRESS: 21 - 8528 - 123 STREET
 SURREY, BC, V3W-3V6
 HOURS: 9:00 AM - 4:00 PM (PACIFIC TIME)
 MONDAY - FRIDAY

PLEASE NOTE THAT EXHIBIT MATERIAL REMAINING ON SITE BEYOND THE DESIGNATED MOVE-OUT TIME WILL BE FORCED TO OUR WAREHOUSE AT THE ABOVE PREVAILING RATES.

PLEASE NOTE THAT YOU MUST MAKE PICK-UP ARRANGEMENTS WITH YOUR CARRIER. UNLESS ARRANGED IN ADVANCE WE WILL NOT CONTACT YOUR CARRIER TO COORDINATE THE PICK-UP.

COMPANY: _____
 CONTACT: _____
 BOOTH #: _____

ESTIMATED WEIGHT
ESTIMATED SUB TOTAL
POST DEADLINE (ADD 30%)
20% FSC
SUB-TOTAL
12 % HST
TOTAL

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EXHIBIT INSTALLATION ORDER FORM

TELEPHONE: (250) 495-5025
FACSIMILE: (250) 495-5026

REGULAR TIME	8:00 A.M. - 4:00 P.M. - WEEKDAYS	\$ 60.00 / HR.
OVERTIME	4:00 P.M. - 6:00 P.M. - WEEKDAYS 8:00 A.M. - 4:00 P.M. - SATURDAYS	\$ 70.00 / HR.
DOUBLE TIME	ALL OTHER HOURS INCLUDING SUNDAYS & HOLIDAYS	\$ 82.00 / HR.
SUPERVISORY CHARGE	25% OF LABOR TOTAL	<input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQUIRED

INSTALLATION (ESTIMATED REQUIREMENTS):

DATE: _____ START TIME DESIRED: _____

NUMBER OF MEN REQUESTED: _____ ESTIMATED NUMBER OF MAN HOURS : _____

ESTIMATED INSTALLATION CHARGES: \$ _____

DISMANTLE (ESTIMATED REQUIREMENTS):

DATE: _____ START TIME DESIRED: _____

NUMBER OF MEN REQUESTED: _____ ESTIMATED NUMBER OF MAN HOURS : _____

ESTIMATED INSTALLATION CHARGES: \$ _____

- SUPERVISORY CHARGES WILL APPLY UNLESS THERE IS A REPRESENTATIVE FROM YOUR COMPANY IN ATTENDANCE DURING BOTH INSTALLATION AND DISMANTLING.
- MINIMUM CHARGE OF 1 (ONE) MAN HOUR. LABOR THEREAFTER IS CHARGED IN ONE-HALF (1/2) HOUR INCREMENTS.
- ALL WORK WILL BE DONE ON REGULAR TIME WHEN POSSIBLE
- YOU MUST REPORT TO SHOW IN MOTION SERVICE DESK TO COLLECT YOUR LABOR IF EXHIBITOR SUPERVISED.

TOTAL ESTIMATED CHARGES	
25% SUPERVISION CHARGE (\$ 35.00 Minimum)	
POST DEADLINE + 30%	
SUB-TOTAL	
12 % HST	
TOTAL	

COMPANY: _____

CONTACT: _____

BOOTH #: _____

**STANDARD RATES WILL BE APPLIED TO ALL ORDERS NOT RECEIVED AND PAID IN FULL PRIOR TO:
NOVEMBER 10, 2011**

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COMPANY NAME: _____

BOOTH NUMBER: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOUR DISPLAY IS TO BE SET-UP AND / OR DISMANTLED BY SHOW IN MOTION AND YOU WILL NOT BE PRESENT TO SUPERVISE THE INSTALLATION AND / OR DISMANTLE.

INBOUND SHIPPING INFORMATION

CARRIER: _____ CARRIER PHONE #: _____

SHIPPED TO: WAREHOUSE _____ SHOW SITE _____ FROM (CITY/STATE): _____ DATE SHIPPED: _____

TOTAL NUMBER OF: CRATES _____ CARTONS _____ OTHER (SPECIFY): _____

SET-UP INFORMATION

SETUP PLAN / PHOTO: ATTACHED _____ SENT WITH EXHIBIT _____ IN CRATE # _____

CARPET: WITH EXHIBIT _____ RENTED FROM SHOW IN MOTION _____ COLOR _____ SIZE _____

ELECTRICAL PLACEMENT: DRAWING ATTACHED _____ WITH EXHIBIT _____ ELECTRICAL UNDER CARPET _____

COMMENTS: _____

GRAPHICS: WITH EXHIBIT _____ SHIPPED SEPERATELY _____ CARRIER _____

COMMENTS: _____

SPECIAL TOOLS / HARDWARE REQUIRED: _____

OUTBOUND SHIPPING INFORMATION:

SHIP TO: _____

METHOD: COMMON CARRIER _____ AIR FREIGHT _____ VAN LINE _____ OTHER (Specify) _____

CARRIER (If Known): _____

FREIGHT CHARGES: PREPAID _____ COLLECT _____ ACCOUNT # _____

PLEASE PROVIDE AN EMERGENCY CONTACT:

NAME: _____ PHONE # _____