



6041 Tazewell Pike, Knoxville, TN 37918
 Phone: 865-200-8687 Fax: 865-200-8689

CONTRACTOR SERVICES

FALL 2024 ENGINEERING EXPO

Knoxville Convention Center

Exhibitor move in:
 Oct. 1st, 9:30am-1:30pm

Show Dates: Oct. 1st-2nd

Exhibitor move out:
 Oct. 2nd 4:30pm

Booth Package: 1-6ft Skirted table, 2-chairs

Please return orders to: BETH@ACESKNOX.COM

Booth Accessories			
Qty.	Description	Price	Total
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Booth Accessories			
Qty.	Description	Price	Total
	Extra Chairs	\$20.00	\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Booth Accessories			
Qty.	Description	Price	Total
			\$
			\$
	Chrome Bag Rack	\$55.00	\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Material Handling & Labor			
Weight	Description	Price/cwt	Total
	Freight Shipments to Warehouse (\$200.00 min)	\$70.00	\$
	Freight Shipments to Show Site (\$200.00 min)	\$80.00	\$
			\$
			\$
\$85.00 min	Specialized carrier to Warehouse or Showsite	1st carton \$35 add'l \$10	\$
	Specialized Carriers are UPS, Fed-ex, etc. Small Packages		\$
			\$
			\$
			\$

** Material Handling Charges are determined on show site, once weight tickets & freight are received by ACES. Receipts for material handling and all other on-site charges will be handed out during the show

Advance Shipping Address:

All Convention Expo Services
 6041 Tazewell Pike
 Knoxville, TN 37918
 Booth # _____
 Ph: 865-200-8687

Showsite Shipping Address:

Knoxville Convention Center
 701 Henley Street
 Knoxville, TN 37902
 Booth # _____
 PH:865-251-6040

NOTICE: First day freight can arrive at warehouse is Sept. 23rd. Last day for freight to arrive at warehouse is Sept. 30th. First day for freight to arrive at show site is Oct. 1.

Order Payment Policy: Payment in full of rental charges, including applicable tax must accompany your advance order. Orders must be received two weeks prior to show opening to be guaranteed. Floor orders are limited to availability. **All orders must be received by mail, email, or fax.**

Subtotal: \$ _____
 9.25% Tax \$ _____
TOTAL: \$ _____

Company: _____ Email: _____ Booth # _____
 Name on Card: _____ Phone: _____ Fax: _____
 Billing Address: _____ City: _____ State: _____ Zip Code: _____
 Payment Type: Visa/MC Amex Card #: _____ Exp Date: _____ Vcode: _____
 Authorized Signature: _____ Date: _____