



**DDS** DESERT DISPLAY SERVICES Inc.

**Desert Display Services**

3133 Boeing Road

Cameron Park, CA 95682

Office: 530-672-1477

Fax: 530-672-6477

E-mail: bcook@desertdisplay.com

<b>Service Requirements:</b>	<input type="checkbox"/> Installation & Dismantle
	<input type="checkbox"/> Other Specify _____

<b>Submitters Information:</b>	
Name	_____
Company	_____
Address	_____
City/State/Zip	_____
Email Address	_____
Phone / Fax	_____
After hours contact number	_____

<b>Show Information:</b>			
Exhibitor Name	_____	Venue	_____
Show Name	_____	Hall	_____
Show Start Date	_____	Booth Size	_____
Show End Date	_____	Booth Number	_____
Show City	_____		

<b>Exhibitor Information:</b>	
Contact Name	_____
Phone Number	_____
After hours contact number	_____

<b>Display House Information:</b>	
Company	_____
Contact Name	_____
Phone Number	_____
After hours contact number	_____

<b>Labor Information:</b> * 4hr minimums apply	<b>Day</b>	<b>Date</b>	<b>Start Time</b>	<b>Workers</b>	<b>Est Hours</b>	<b>Additional Needs:</b> Visqueen <input type="checkbox"/> Genie Lift <input type="checkbox"/> Ladders <input type="checkbox"/> Exhibit Height <input type="text"/>
	* Installation					
* Dismantle						
<b>Supervision</b>	<b>Company</b>	<b>Contact</b>		<b>Cell number</b>		
Install						
Dismantle						

<b>Booth Layout to be provided?</b> <i>*Please contact us prior to mailing any items, we may need to provide an alternate mailing address.</i>		<b>Fax</b>	<b>Email</b>	<b>*Mail</b>	<b>w/Exhibit</b>
	Blue Prints				
	Drawings				
	Pictures				

<b>Carpet Specifications:</b>	
Rental	<input type="checkbox"/>
Shipped w/exhibit	<input type="checkbox"/>
Color	_____
Pad?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Services Ordered:</b> (Please email or fax a copy of orders to DDS for our job file)	
Electrical	<input type="checkbox"/>
Telephone	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>
Computer	<input type="checkbox"/>
Furniture	_____
Floral	_____
Audio visual	_____
Other	_____



<p><b>Show Management:</b></p> <p><b>Note:</b> EAC Submitted? <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><i>For DDS Contact, please list:</i>  <b>John Cook</b>  <b>602-617-8016</b></p> <p>Company _____          Address _____          City/State/Zip _____          Contact Name _____          Mobile / Fax _____</p>	<p><b>General Contractor:</b></p> <p>Show Rate _____ ST          _____ OT</p> <p>Company _____          Address _____          City/State/Zip _____          Contact Name _____          Mobile / Fax _____</p>
<p><b>Inbound Freight:</b></p> <p>Carrier _____          Tracking number _____          Carrier Contact Name _____          Carrier Contact Number _____          Shipped from _____          Address _____          City/State/Zip _____          Shipped To <input type="checkbox"/> Hall  <input type="checkbox"/> Drayage  <input type="checkbox"/> DDS Direct</p> <p>Split shipment? <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><b>Outbound Freight:</b></p> <p>Preferred Carrier _____          Pick up date _____          Pick up time _____          Ship To Company _____          Address _____          City/State/Zip _____          Attention _____</p> <p>Split Shipment? Yes <input type="checkbox"/>          No <input type="checkbox"/></p>
<p><b>Split inbound details, if needed:</b></p> <p>Carrier _____          Tracking number _____          Carrier Contact Name _____          Carrier Contact Number _____          Shipped from _____          Address _____          City/State/Zip _____          Shipped To <input type="checkbox"/> Hall  <input type="checkbox"/> Drayage  <input type="checkbox"/> DDS Direct</p>	<p><b>Split outbound details if needed:</b></p> <p>Preferred Carrier _____          Pick up date _____          Pick up time _____          Ship To Company _____          Address _____          City/State/Zip _____          Attention _____</p>
<p><b>Inbound Pieces:</b></p> <p>Number Crates _____          Number Skids _____          Number fiber cases _____          Number cartons _____          Total pieces _____</p>	<p>In the event your selected carrier fails to show on final move-out day, please select one of the following options:</p> <p>1. Re-route via General Contractor's choice. <input type="checkbox"/></p> <p>2. Delivery back to warehouse at exhibitor's expense. <input type="checkbox"/></p>
<p><b>Billing Information:</b></p> <p>Company _____          Contact email _____          PO number (if needed) _____          Address _____          City/State/Zip _____          Phone/Fax _____</p>	<p><b>Notes:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>