N/A

Tax **Total**

FREEMAN

6555 West Sunset Road Las Vegas, NV 89118 (702) 579-1700 • Fax: (469) 621-5604

ONLY PLATINUM EXHIBITORS MAY ORDER THESE SERVICES

NO HANGING SIGNS ARE ALLOWED

INCLUDE THE FREEMAN METHOD OF PAYMENT FORM WITH YOUR ORDER

					PAYMENT	FORM	WITH YO	UR ORDER
NAME OF SHO	W: SAP TechEd Las Vegas / Co	nference Dat	es: Septe	mber 24-27, 2	019 Show Flo	or Dates	: September :	24-26, 2019
COMPANY NAI		BOOTH#:						
CONTACT NAM	PHONE #:							
E-MAIL ADDRE	ESS:							
For Assistanc	e, please call 702-579-1700 to	sneak with	one of o	ır eynerts				
1 01 / 1001014110	•	<u> </u>		go to www.fre	oman com			
				GGING L	ABOR			
•	e: 8:00 A.M. to 5:00 P.M. Mon		-					
Overtime:	5:00 P.M. to 8:00 A.M Mon	day through	Friday a	nd all day Sa	turday, Sunda	ay and H	olidays.	
Start tOne hSuper	v site prices will apply to time guaranteed only at start of four minimum - labor thereafter visor must check in at Service scheduling dismantle labor, be	working day r is charged Desk to pick	in half (1. kup labor	/2) hour incre	ements	ers to be	returned to	your booth
Part#	Description					A	Advance Price	Show Site Price
FORKLIET I	ADOD							
FORKLIFT LA		MO Ibo CT				ď	266.25	¢ 272 75
304050 304051	Forklift w/operator - up to 5,000 lbs - ST							\$ 372.75
304031	Forklift w/operator - up to 5,000 lbs - OT							\$ 589.75 \$ 407.75
	Forklift w/operator - up to 10,000 lbs - ST							-
3040101 3040150	Forklift w/operator - up to 10,000 lbs - OT Forklift w/operator - up to 15,000 lbs - ST							\$ 626.00 \$ 458.50
								-
3040151	Forklift w/operator - up to 15,000 lbs - OT							\$ 678.50
304040	, ,							\$ 552.00
304041	Forklift w/operator - 4-Stage	- 01				\$	603.00	\$ 844.25
RIGGING LA	BOR							
3020100							137.50	\$ 192.50
3020101	3020101 Rigger - OT							\$ 315.00
								•
EQUIPMENT								
3090600	Forklift Cage						\$ 45.00	\$ 63.00
3090700	Forklift Boom						\$ 45.00	\$ 63.00
3090800							\$ 45.00	\$ 63.00
INSTALLA	TION							
Part #	Description	Date	Start	# of Equip/	Approx Hrs	Total	Hourly	Estimated
	·		Time	Person	per Person	Hours	Rate	Total Cost
Pagariha wayk ta ha dana							Out Tatal	
Describe work to be done:							Sub-Total	
							Tax	N/A
							Total	
DISMANTI	LE							
Part #		Date	Start	# of Equip/	Approx Hrs	Total	Hourly	Estimated
rail#	Description	Date	Time	Person	per Person	Hours	Hourly Rate	Total Cost
		_		1		T		
				-				
ı				<u> </u>				
Describe work to	be done:						Sub-Total	