

FREEMAN

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Las Vegas, NV 89118
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DISCOUNT PRICE
DEADLINE DATE
SEPTEMBER 3, 2019

**INCLUDE THIS FORM
WITH YOUR ORDER
PLEASE USE BLACK INK**

NAME OF SHOW: **SAP TechEd Las Vegas / Conference Dates: September 24-27, 2019 | Show Floor Dates: September 24-26, 2019**

COMPANY NAME: _____ BOOTH#: _____

ADDRESS: _____ BOOTH SIZE _____ X _____

CITY/STATE/ZIP: _____ CUSTOMER # _____

PHONE #: _____ EXT.: _____ FAX #: _____

SIGNATURE: _____ PRINT NAME: _____

CONTACT'S E-MAIL _____

E-MAIL FOR INVOICE _____ ☐ CHECK IF YOU ARE A NEW FREEMAN CUSTOMER

Invoices will be sent by e-mail, please provide e-mail address of the person who reconciles your invoices if different than above.

METHOD OF PAYMENT

BY SUBMITTING THIS FORM VIA FAX OR POSTAL MAIL OR ORDERING MATERIALS OR SERVICES FROM FREEMAN, YOU AGREE TO BE BOUND BY ALL TERMS & CONDITIONS INCLUDED IN YOUR SERVICE MANUAL.

☐ COMPANY CHECK

Please make check payable to: Freeman. Checks must be in U.S. funds drawn on a U.S. or Canadian bank. ("U.S. FUNDS" MUST BE PRE-PRINTED on Canadian checks.)

Please reference (490476) on your remittance.

☐ CREDIT/DEBIT CARD

For your convenience, we will use this authorization to charge your credit/debit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative. These charges may include all Freeman companies, or any charges which Freeman may be obligated to pay on behalf of Exhibitor, including without limitation, any shipping charges. Please complete the information requested below:

☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ VISA **We do not accept credit card information via email.**

☐ BANK TRANSFER

Bank Transfer to Bank of America, N.A.; Dallas, TX

Wire Transfer

ABA#: 026009593 ACCT #1252039192 Freeman

International Wire Transfer

Swift Code: BOFAUS3N ACCT #1252039192 Freeman

ACH Direct Deposit

ABA# 111000012 ACCT #1252039192 Freeman

Bank address for Wire and ACH is 901 Main St, Dallas, TX 75202

Please reference Name of Show & Booth Number so we can properly credit your account.

Note: Customers are responsible for any bank processing fees.

Account No.: _____ Exp. Date: _____

Cardholder Name (Print): _____ Signature: _____

Cardholder Billing Address: _____

City/State/Zip: _____

ENTER TOTALS HERE

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MATERIAL HANDLING	RIGGING INSTALLATION	RIGGING DISMANTLE	HANGING SIGNS	UTILITIES	EXHIBIT TRANSPORTATION		GRAND TOTAL

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