

Move In Questionnaire



PLEASE TAKE A MOMENT TO FILL OUT THE INFORMATION BELOW. THIS WILL HELP US BETTER ACCOMMODATE YOU DURING THE MOVE IN PERIOD.

	Company Name:	Booth #:
	Person Responsible for Set Up:	
	Mobile(s):	Land Line:
1.	What date would you like to move-in? Monday, August 15 th Wednesday, August 17 th AM PM Tuesday, August 16 th AM PM Thursday, August 18 No vehicles permitted in buildings on The	S th AM \square PM \square
2.	What is your type of Booth Construction: Built by Show's Official Decorator GES	YES □ NO □
3.	How long is the setup of your booth?	
4.	I. What size vehicle will be used for delivery:Quantity:	
5.	Have you sent in your Booth Change Form? YES □ NO □	
6.	Have you read your EXHIBITOR HANDBOOK? YES \(\subseteq NO \)	

receive a completed questionnaire, a move in day and time will be assigned with no changes/exceptions.

It is your responsibility to confirm your assigned move in date(s) and time(s).