



Mailing Address:
P. O. Box 49837
Greensboro, NC 27419

Street Address:
121 N. Chimney Rock Rd.
Greensboro, NC 27409

Phone: (336) 315-5225

Fax: (336) 315-5220

ORDER FORM FOR FURNISHINGS AND CARPET

**Deadline Date For Discount Rate
October 6, 2011**

Orders will be entered as checked below. Charges include placing in booth ready for use. **Equipment is on a rental basis.** Mail one copy to us at the address above. Retain a copy for your files. **CANCELLATION POLICY: Items cancelled will be charged 50% of original price after move-in begins and 100% of original price after installation. Custom Cut Carpet cancelled after being cut will be charged 100% of original price.**

SEATING

Quantity		Discount Rate	Standard Rate
_____	Molded Plastic Folding Chair	\$17.00	\$22.10
_____	Upholstered Arm Chair	28.00	36.40
_____	Upholstered Stool (30" High)	30.00	39.00

ACCESSORIES

_____	Pedestal Table (White Laminate Top) (30" Round x 30" High)	\$27.00	\$35.10
_____	(30" Round x 42" High)	32.00	41.60
_____	(36" Round x 30" High)	32.00	41.60
_____	(36" Round x 42" High)	38.00	49.40
_____	Cocktail Table (White Laminate Top) (24" Round x 18" High)	30.00	39.00
_____	Cocktail Table (White Laminate Top) (36" x 20" x 15" High)	30.00	39.00
_____	Coat Tree	26.00	33.80
_____	Wastebasket	10.00	13.00
_____	Tripod Floor Easel	16.00	20.80

DISPLAY PANELS

_____	Perforated Board (Pegboard) (4' x 8' Double Sided / Vertical)	\$75.00	\$97.50
_____	(4' x 8' Double Sided / Horizontal)		
_____	Tackboard Display Panel (4' x 8' Double Sided / Vertical)	75.00	97.50
_____	(4' x 8' Double Sided / Horizontal)		
_____	Chrome Wire Grid Display Panel (2 - 2' x 6' Sections)	50.00	65.00

CARPET

Price includes installation and taping front edge.

_____	9' x 10' Carpet	\$70.00	\$91.00
_____	9' x 20' Carpet	140.00	182.00
_____	9' x 30' Carpet	210.00	273.00
_____	9' x 40' Carpet	280.00	364.00
_____ ft. x _____ ft.	Custom Cut Carpet - per sq. ft.	1.50	1.95
_____ ft. x _____ ft.	Carpet Padding - per sq. ft.	.65	.85
_____ ft. x _____ ft.	Visqueen Covering - per sq. ft.	.35	.46
_____ ft.	Additional Taping - per linear ft.	.80	1.04

Carpet Color Preferred:

Red Blue Seafoam Silver Gray Hunter Green Black

SPECIAL DRAPERY

_____	Linear Feet of 8' High Drapery	\$6.00/LF	\$7.80/LF
_____	Linear Feet of 3' High Drapery	4.00/LF	5.20/LF

WOOD DISPLAY TABLES & DRAPING

Quantity	Standard Height (30" High)	Discount Rate	Standard Rate
_____	2' x 4' Table - Draped	\$45.00	\$58.50
_____	2' x 4' Table - No Drape	25.00	32.50
_____	2' x 6' Table - Draped	55.00	71.50
_____	2' x 6' Table - No Drape	30.00	39.00
_____	2' x 8' Table - Draped	65.00	84.50
_____	2' x 8' Table - No Drape	35.00	45.50
_____	Drape Exhibitor Table	35.00	45.50
Counter Height (42" High)			
_____	2' x 4' Table - Draped	\$55.00	\$71.50
_____	2' x 4' Table - No Drape	30.00	39.00
_____	2' x 6' Table - Draped	65.00	84.50
_____	2' x 6' Table - No Drape	35.00	45.50
_____	2' x 8' Table - Draped	75.00	97.50
_____	2' x 8' Table - No Drape	40.00	52.00
_____	Drape Exhibitor Table	40.00	52.00

Draping Color Preferred:

Red Blue Hunter Green Gold White Black Burgundy
 Silver Gray Seafoam Beige Plum

Note: Draping includes white vinyl top and pleated skirting on three sides. *

* Optional 4th side draped: _____ ft. @ \$3.50 per linear ft. = _____

WOOD TABLE TOP RISERS & DRAPING

_____	1' x 4' Table Top Riser 12" High Riser - Draped	\$27.00	\$35.10
_____	Riser - No Drape	15.00	19.50
_____	1' x 6' Table Top Riser 12" High Riser - Draped	42.00	54.60
_____	Riser - No Drape	20.00	26.00

Draping: White Only

SUB TOTAL \$	_____
7.75% Sales Tax \$	_____
TOTAL \$	_____

PAYMENT POLICY: We require your credit card authorization to be on file with Hollins Exposition Services. Payment in full, including tax, must accompany your order to qualify for Discount Rates. Payment may be made by check drawn on a U.S. Funds Account, MasterCard, VISA or American Express, and is subject to the terms and conditions as set forth on the enclosed "Payment Policy and Credit Card Charge Authorization Form". Completed and signed Authorization Form must accompany your order.

PLEASE TYPE OR PRINT

NAME OF EVENT **Piedmont Triad Apartment Association**

NAME OF FIRM _____ BOOTH NO. _____

CARE OF _____
(If Other Than Exhibiting Firm)

ADDRESS _____
(Street) (P.O. Box) (City) (State) (Zip)

ORDERED BY _____
(Please Type or Print) (Signature)

PHONE (_____) _____ DATE _____