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**EAC/I & D**

Please Mail, Email or Fax Completed Form to RES:  
9291 West Bryn Mawr, Rosemont, IL 60018  
Email: [customerservice@rosemontexpo.com](mailto:customerservice@rosemontexpo.com)  
Fax: 847-696-9797  
Phone: 847-696-2208

**SAE 2011 Commercial Vehicle Engineering Congress**

**September 13-14, 2011**

**Deadline Date To Receive Discounted Rates:**

**August 25, 2011**

To: Rosemont Exposition Services, Inc.

Please be advised that we will be using an independent contractor of our own choosing to perform carpenter labor services at the Donald E. Stephens Convention Center. We are aware that a responsible representative of our contractor must report to the RES Service Desk on the first day of set-up. No badges will be issued until all pertinent paperwork is in order. Display house must also provide certificate of insurance to RES.

I & D Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Booth Number: \_\_\_\_\_

Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

	Exhibitor will pay	I & D co. will pay
Furniture	<input type="radio"/>	<input type="radio"/>
Carpet	<input type="radio"/>	<input type="radio"/>
Labor	<input type="radio"/>	<input type="radio"/>
Cleaning	<input type="radio"/>	<input type="radio"/>
Freight	<input type="radio"/>	<input type="radio"/>
Utilities	<input type="radio"/>	<input type="radio"/>
Other Services	<input type="radio"/>	<input type="radio"/>

**Credit Card Payment Information for Responsible Party.**

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Billing Address: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Acceptance of this is contingent upon:**

An established satisfactory credit rating with Rosemont Exposition Services by the Display House and return of the notification letter prior to the deadline date. Further, we understand and agree that failure to make payment within 30 days of receipt of invoice will result in a redirection of the invoice to the exhibiting company for full payment and will affect the Display House's future credit standing.

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized By (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Booth #: \_\_\_\_\_

**Order Summary and Payment Sheet MUST accompany this order. All terms and conditions as outlined on the Order Summary and Payment Sheet have been reviewed and understood.**  
RES Address: 9291 West Bryn Mawr Rosemont, IL 60018 • RES Telephone: 847-696-2208 • RES Fax: 847-696-9797