Return to:

GEORGE fern
EXPOSITION & EVENT SERVICES

3752 Crittenden Drive Louisville, Kentucky 40209-1122
Telephone: 502.367.0254 Fax: 502.368.0284

THANK YOU RESPONSE FORM

DEADLINE for return of this form: **October 31, 2011**

PLEASE READ CAREFULLY AND RESPOND BY DEADLINE

Thank you for reviewing the enclosed order forms. This form has been provided to eliminate unnecessary follow-up mailings and telephone calls to you if you have no need for exhibit furnishings and/or services or if you do not anticipate placing your order until you arrive at event site .....
PLEASE RESPOND TO THE FOLLOWING:

PLEASE CHECK ONE:

☐ **(T) NO ORDER**
After reviewing the enclosed order forms, we have determined that *we will not require* any furnishings or services from Fern.

☐ **(W) WILL ORDER AT EVENT SITE**
We are unable to request our needs in advance; however, we *do anticipate ordering* items and/or services at prevailing rates & conditions from the following categories when we arrive at event site (please check):

_____ Exhibit Furniture
_____ Exhibit / Custom Carpet
_____ Display Rental Package
_____ Sign / Artwork
_____ In-Booth Forklift
_____ Floral Rental
_____ Wire Mesh Grid
_____ Fern Transportation

_____ Custom Furniture
_____ Panelboard
_____ Display Labor
_____ Cleaning
_____ Drayage / Freight Services
_____ Audio / Visual Equipment Rental
_____ Misc. (list) _____

(Some furnishings and/or services listed above may not be available at this particular event. Please check order forms. If not offered, please feel free to inquire with our office. Also note that you may find some services above are provided by someone other than Fern. See letterhead of each form and contact appropriate company regarding your intent to order at event site.)

☐ **CONTACT SOMEONE ELSE REGARDING OUR EXHIBIT NEEDS**
I am not the person responsible for the ordering of exhibit furnishings and services.
PLEASE CONTACT THE FOLLOWING INDIVIDUAL:

Name _____ Phone ( ) _____
Company Name _____
Mailing Address _____
City / State / Zip _____

PLEASE RETURN THIS FORM TO AVOID UNNECESSARY MAILINGS AND CALLS !

Name of Event **DOD Maintenance Symposium & Exhibition #4-5354-11** Booth# _____ Phone ( ) _____
Firm Name _____ Fax # ( ) _____
Address _____ E-Mail _____
Street City State Zip Code
Print/Type Name _____ Signature _____ Date _____

All orders are subject to the terms and conditions as outlined on the payment form.