

Return to:



EXPOSITION SERVICE CONTRACTORS SINCE 1909
3752 CRITTENDEN DRIVE / LOUISVILLE, KY. 40209-1122
TELEPHONE 502-367-0254 / FAX 502-368-0284

THANK YOU RESPONSE FORM

DEADLINE August 15, 2006
for return of this form:

**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 the Geo. E. Fern Co.

(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 | _____ Custom Furniture |
| _____ Exhibit / Custom Carpet | _____ Panelboard |
| _____ Display Rental Package | _____ Display Labor |
| _____ Sign / Artwork | _____ Cleaning |
| _____ In-Booth Forklift | _____ Drayage / Freight Services |
| _____ Floral 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 Geo. E. Fern Co. 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 **SAE General Aviation Technology Conference (GATC) #4-5372-06** Booth# _____ Phone () _____
Firm Name _____ Fax # () _____
Address _____ E-Mail _____
Street City State Zip Code
Print/Type Name _____ Signature _____ Date _____