



EXHIBIT REQUEST FORM

Date: _____

40300 Grand River Avenue • Novi, MI 48375 • ph: (248) 615-1124 • fax (248) 471-0245

Date of show: _____

Name of Show: _____

Shipping to **Show** or **Warehouse** ?(Circle)

Arrival deadline: _____

Show Contact: _____

Booth Number: _____

Phone No.: _____

Shipping Address: _____

Installation Date: _____

Installation Time: _____

Dismantle Date: _____

Show Address: _____

Dismantle Time: _____

I & D Contact: _____

Phone No.: _____

Return freight:

Date of Pick-Up: _____

Driver Check-in Time: _____

Address to ship after the show:

Shipping Acct. # _____

Image-Tek Displays & Graphics
40300 Grand River Ave.
Novi, MI 48324

Carrier: _____

Special Instructions: _____

Qty. List display components – include any special instructions

IMPORTANT: PLEASE ATTACH A COPY OF THE QUICK FACTS FROM THE SHOW BOOK.

Company Name: _____

Requestor's Name: _____

Phone No.: _____