



6041 Tazewell Pike, Knoxville, TN 37918
 Phone: 865-251-6016 Fax: 865-200-8689

EXHIBITOR KIT

GNU RADIO

KNOXVILLE CONVENTION CENTER

**Exhibitor move in:
Monday Sept. 16th**

Show Open: Sept. 17-20

**Exhibitor move out:
Sept. 20th 1pm**

Booth Package: 1-6ft Skirted Table, 2-chairs

The show's colors are: Black

Please return all forms to: Beth@acesknox.com

Booth Accessories			
Qty.	Description	Price	Total
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Booth Accessories			
Qty.	Description	Price	Total
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Booth Accessories			
Qty.	Description	Price	Total
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Material Handling & Labor			
Weight	Description	Price/cwt	Total
	Shipments to Warehouse, per 100lbs (\$200 min)	\$75.00	\$
	**Direct Shipments to Show Site, per 100lbs (\$200 min)	\$85.00	\$
			\$
			\$
\$85 min	Specialized carrier UPS, FED-EX ETC.	1st carton \$35 add'l \$10	\$
			\$
			\$
			\$
			\$

** Material Handling Charges are determined on show site, once weight tickets & freight are received by ACES. Receipts for material handling and all other on-site charges will be handed out during the show

Advance Shipping Address:
 All Convention Expo Services
 6041 Tazewell Pike
 Knoxville, TN 37918
 Booth # _____
 Ph: 865-200-8687

Showsite Shipping Address:
 All Convention Expo Services
 701 Henley Street
 Knoxville, TN 37902
 Booth # _____
 Ph: 865-251-6016

First day freight can arrive at warehouse is Sept. 9th. Last day for freight to arrive at warehouse is Sept. 13th. First day for freight to arrive at show Sept. 16th

Order Payment Policy: Payment in full of rental charges, including applicable tax must accompany your advance order. Orders must be received two weeks prior to show opening to be guaranteed. Floor orders are limited to availability. **All orders must be received by mail, email, or fax.**

Subtotal: \$ _____
 9.25% Tax \$ _____
TOTAL: \$ _____

Company: _____ Email: _____ Booth # _____
 Name on Card: _____ Phone: _____ Fax: _____
 Billing Address: _____ City: _____ State: _____ Zip Code: _____
 Payment Type: Visa/MC Amex Card #: _____ Exp Date: _____ Vcode: _____
 Authorized Signature: _____ Date: _____