OFFICIAL SERVICE CONTRACTOR

Information and Order Forms



Mailing Address: P. O. Box 49837 Greensboro, NC 27419

Street Address: 121 North Chimney Rock Road Greensboro, NC 27409

> Phone: (336) 315-5225 Fax: (336) 315-5220

www.hollins-expo.com

Winter Simulation 2016

December 11 - 14, 2016

Crystal Gateway Marriott Arlington, VA

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HOLLINS Exposition Services is pleased to have been selected as the Official Service Contractor for the Informs Analytics & Operations Research. We recognize that your participation in this event is a vital part of your firm's marketing program. Be assured we will do everything possible to insure a profitable and rewarding experience. To facilitate the reading of this "Exhibitor Service Kit", HOLLINS Exposition Services will hereafter be referred to as HOLLINS except in those instances where the full trading name is required.

We are enclosing our service order forms for your information, completion and response. Your immediate attention to and return of the appropriate forms, to the address shown on each, will insure the best service and lowest cost to you. Orders placed at the show will be honored on a limited basis and contingent upon the availability of specific furnishings and equipment.

All orders placed with HOLLINS are subject to the terms and conditions as set forth on the enclosed "Payment Policy and Credit Card Charge Authorization Form". Completed and signed Authorization Form must accompany your order. **Please Note:** You may choose to pay by check drawn on a U. S. Funds Account, MasterCard, VISA, or American Express; **however, we require your credit card authorization to be on file with HOLLINS.** PURCHASE ORDERS ARE NOT CONSIDERED PAYMENT.

Booth Equipment

Each booth will be provided with:

8 ft. high back wall drape 3 ft. high side divider drape one 7 in. x 44 in. booth identification sign

The exhibit hall will be carpeted.

Important Dates

- Advance Shipments may begin arriving at Warehouse: Tuesday, November 8, 2016
- ► Exhibitor Appointed Contractor (EAC) Deadline Date: Friday, November 25, 2016
- ▶ Deadline Date to order materials at Discount Rate with payment: Friday, November 25, 2016
- ► Last day for Advance Shipments to arrive without surcharge: Thursday, December 8, 2016
- ▶ Direct Shipments may begin arriving at The Marriott Sunday, December 11, 2016: 12:00 p.m. - 5:00 p.m.
- **Exhibitor move-in:**Sunday, December 11, 2016: 12:00 p.m. 5:00 p.m.
- Exhibit Hours:

Monday, December 12, 2016: 9:00 a.m. - 4:00 p.m. Tuesday, December 13, 2016: 9:00 a.m. - 4:00 p.m. Wednesday, December 13, 2016: 9:00 a.m. - 10:00 a.m.

▶ Exhibitor Move-out:

Wednesday, December 14, 2016: 10:00 a.m. - 11:30 a.m.

Outbound Freight will be re-routed: Wednesday, December 14, 2016: 1:00 p.m.

Discount Rates

To quality for Discount Rates, we must receive your order with full payment by **Friday, November 25, 2016,** unless otherwise indicated. Orders received after November 25, 2016, orders without payment and orders processed at the show will be processed at Standard Rates.

Material Handling

ADVANCE RECEIVING AT THE WAREHOUSE - HOLLINS will accept crated, boxed or skidded material up to 30 days in advance of the show set-up. The warehouse will receive shipments Monday through Friday during the hours of 8:00 a.m. - 4:30 p.m. Freight arriving at the advance warehouse AFTER Thursday, Decemberl 8, 2016 will be subject to additional handling surcharges. Refer to the Material Handling Rate Schedule for additional information.

DO NOT SHIP ADVANCE FREIGHT TO THE CRYSTAL GATEWAY MARRIOTT. The Crystal Gateway Marriott is under no obligation to receive advance freight, accepts no responsibility for freight, and may refuse it. Should any freight be received by The Crystal Gateway Marriott, it will be consigned to HOLLINS and subject to the prevailing drayage rate plus any additional resort fees.

DIRECT SHIPMENTS TO THE SHOW SITE - HOLLINS will receive direct shipments to the show site beginning at **12:00 p.m. Sunday, December 11, 2016.** All show site shipments must arrive no later than 5:00 p.m.

Shipping Addresses

► ADVANCE SHIPMENTS TO WAREHOUSE

Company Name and Booth Number c/o Hollins Exposition Services UPS Freight 2400 Beaver Road Landover, MD 20785

☑ Shipments must arrive by December 8, 2016.

▶ DIRECT SHIPMENTS TO SHOW SITE

Company Name and Booth Number c/o Hollins Exposition Services Crystal Gateway Marriott 1700 Jefferson Davis Hwy Arlington, VA 22202

☑ Shipments will be accepted beginning Sunday, December 11, 2016 between 12:00 p.m. - 5:00 p.m.



Third Party Billing

If you have arranged for a third party to handle your display and be billed for services, please complete, sign and return the "Third Party Billing Authorization Form" no later than November 25, 2016; otherwise, third party billing will not be processed. Kindly note, you are ultimately responsible for payment of HOLLINS charges regardless of third party billing authorization. In the event a third party fails to pay our invoice charges before the close of the show, such charges will automatically revert to you. HOLLINS will not process any split billing between you and your display house, or with another exhibitor.

Questions And Adjustments

Concerns about a possible discrepancy in items ordered versus items received as well as complaints or questions about services must be reported to the HOLLINS Service Desk on the show floor. Every effort will be made to immediately resolve issues on site and make appropriate adjustments to your account. Credits and/or adjustments will NOT be made after the close of the show. Some items, services and labor are subject to cancellation fees. Rental items not ordered, yet found in your booth, will be invoiced to you at Standard Rates.

Tax

Tax (6%) will be added to all rentals and materials. If you are a non-profit organization, federal tax exempt organization or tax exempt in the state of Florida a copy of your exemption certificate must accompany your order; otherwise, we must add tax.

Safety

We are committed to safety in everything that we do. Please be conscious of our efforts throughout the show. If you see something unsafe or that presents a hazard, please notify the HOLLINS Service Desk.

Exhibitor Safety and Loss Prevention Guidelines

- ► Treat all show areas during move-in and move-out as a construction zone; wear appropriate attire and footwear.
- Smoking is prohibited except in designated areas.
- ▶ Standing on tables, chairs or other rental furniture is PROHIBITED. This furniture is not designed to support your standing weight.
- HOLLINS forklifts and carts are for use by authorized HOLLINS employees only.
- ▶ Be aware of forklifts moving throughout the aisles or docks. Keep the aisles free and clear at all times.
- Protect your valuables. Keep expensive items secured.

We look forward to serving you and your firm. Should you have any questions regarding the enclosed information, please contact our Exhibitor Services Department at (voice) 336-315-5225.



Mailing Address P.O. Box 49837

Phone: 336-315-5225

Street Address 121 North Chimney Rock Rd. Greensboro, NC 27419 Greensboro, NC 27409

Fax: 336-315-5220

IMPORTANT NOTICE

SIGNED AUTHORIZATION FORM MUST ACCOMPANY YOUR ORDER.

PAYMENT POLICY & CREDIT CARD CHARGE AUTHORIZATION FORM

PAYMENT POLICY

We require your credit card authorization to be on file with HOLLINS.

Payment may be made by check drawn on a U.S. Funds Account, MasterCard, VISA or American Express; however, we require your credit card authorization to be on file with HOLLINS.

For your convenience, we will use this authorization to charge your credit card for any additional amounts incurred as a result of show site orders placed by you or your representative for this event.

ADVANCE ORDERS: For your order to be processed, and to receive Discount Rates, full payment must accompany your order. **SHOW SITE ORDERS:** Show site orders will be subject to Standard Rates and processed only with full payment when placed.

SHIPPING FREIGHT AND/OR ORDERING **RIGGING LABOR OR INSTALLATION &**

Prior to the close of the show, an invoice will be prepared and delivered to your booth. Unless you have corrections that are brought to our attention at the HOLLINS Service Desk, or choose to pay your invoice by check, your order will be processed for payment on your credit card. NOTE: If rigging or dismantle labor is needed on move-out, these charges will be put on your credit card and your copy of the receipt and invoice will be mailed to you within ten (10) days of the close of the show.

DISMANTLE LABOR:					
CREDIT CARD AL	JTHORIZATI	ON (Information I	Must Be Provided)	VERIFICATION CODE (back of card)	EXPIRATION DATE
■ MasterCard	☐ VISA	American Ex	press		
Account Number					
				☐ Corporate	☐ Personal
			X		
	PRINT CARDH	OLDER NAME		SIGNATURE OF	CARDHOLDER
date, any unpaid balance wil RATE of 18%. If any finance	Il bear a FINANCE e charge hereunde ince charge receive	CHARGE at the lesser of rexceeds the maximum and by HOLLINS will be eight	f the maximum rate allowed rate allowed by applicable ither applied to reduce the p	by applicable law, or 1.5% per molaw, the finance charge will autom	of invoice. Effective 30 days after invoice onth, which is an ANNUAL PERCENTAG atically be reduced to the maximum rated to you. This Payment Policy agreemen
Calculation of Orde	ers	PURCI	HASE ORDER IS NOT CO	DNSIDERED PAYMENT.	TOTAL

Calculation of Orders PUF	RCHASE ORDER IS NOT CONSIDERED PAYMENT.	TOTAL
Furnishings & Carpet		\$
Custom Booths		\$
Custom Signs & Graphics		\$
Cleaning Services		\$
Installation & Dismantle Labor		\$
Material Handling (Freight)		\$
Other HOLLINS Services (Specify)		\$
Other HOLLINS Services (Specify)		\$
Other HOLLINS Services (Specify)		\$
To simplify payment, send one check payable to HOLLINS EXPOSITION SERVICES for your entire order	FULL PAYMENT in U.S. funds drawn on a U.S. Bank	\$
or note the amount to be charged to your credit card.	Charge my credit card in the amount of	\$
Check No.	Date In the amount of	\$

ALL EXHIBITORS MUST FILL OUT COMPLETE INFORMATION BELOW:

PLEASE TYPE OR PRINT

NAME OF EVENT _	Winter Simulation		
EXHIBITING FIRM			BOOTH NO
ADDRESS			
CITY AND STATE _			ZIP CODE
AUTHORIZED BY_		X	
TELEPHONE NO	(Please Type or Print)	(Signature) DATE _	



Street Address 121 North Chimney Rock Rd. Greensboro, NC 27409

Phone: 336-315-5225 Fax: 336-315-5220

Deadline Date For Return of This Form November 25, 2016

THIRD PARTY BILLING AUTHORIZATION FORM

You may arrange for a third party to handle your display and be billed for services. HOLLINS will agree to this arrangement if the third party has a satisfactory payment record with us. **Both Firms** must complete this form, including the **Third Party credit card charge authorization below.** Return form by the deadline date.

It is understood and agreed that you, the exhibiting firm, are ultimately responsible for payment of charges. If the third party does not pay the invoice before the close of the show, charges will revert to you. All invoices are due and payable upon receipt.

Exhibiting Firm	PLEASE TYPE OR PI	Third Party	PLEASE TYPE OR PRINT
(Exhibiting Firm)		(Third Party)	
(Address)		(Address)	
(City)	(State) (Zip)	(City)	(State) (Zip)
(Phone)	(Fax)	(Phone)	(Fax)
(Authorized By - Please Type or Print) X (Authorized Signature)		(Authorized By - Please Type or Print) X (Authorized Signature)	
Credit Card Charge Au (Information Must Be Provided)	thorization	Credit Card Charge A	
EXPIRATION DATE	☐ MasterCard☐ VISA	EXPIRATION DATE	☐ MasterCard☐ VISA
☐ Corporate	☐ American Express VERIFICATION CODE (back of card)	☐ Corporate	☐ American Express VERIFICATION CODE (back of card)
Account Number		Account Number	
(Cardholder Name - Please Type or Print) (Cardholder Billing Address)	(City)	(Cardholder Name - Please Type or Print) (Cardholder Billing Address)	(City)
	(Country)	(State) (Zip)	(Country)
The items checked below are to be in	•	The items checked below are to be	
☐ Furnishings & Carpet	□ I & D Labor	☐ Furnishings & Carpet	□ I & D Labor
☐ Custom Booths	☐ In-Booth Forklift & Lat		☐ In-Booth Forklift & Labor
☐ Custom Signs & Graphics	☐ Material Handling In & O	t 🔲 Custom Signs & Graphi	cs 🔲 Material Handling In & Out
☐ Hanging Sign/Truss	☐ All Services	☐ Hanging Sign/Truss	☐ All Services
☐ Cleaning Services		☐ Cleaning Services	
☐ Other (Please Specify)		Other (Please Specify)	
		_	
(Cardholder Signature)		(Cardholder Signature)	
		I	PLEASE TYPE OR PRINT

NAME OF EVENT	Winter Simulation	BOOTH NO.
INAIVIL OI LVLINI	TTIITCO CIIII GIGGOTI	DOOTH NO.



Phone: 336-315-5225

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ORDER FORM FOR FURNISHINGS & CARPET

Deadline Date For Discount Rates November 25, 2016

Orders will be entered as checked below. Charges include placing in booth ready for use. **Equipment is on a rental basis.** Mail one copy to us at the address above. Retain a copy for your files. **CANCELLATION POLICY: Items cancelled will be charged 50% of original price after move-in begins and 100% of original price after installation. Custom-cut carpet cancelled after being cut will be charged 100% of original price.**

SEATING Quantity	- chrome frame, padded bottom and back	Discount Rates	Standard Rates	SKIRTED DISPLAY T Skirting includes white vinyl to			angular
	Brown Leather Chair Upholstered Arm Chair	\$ 125.00 50.00	\$ 162.50 65.00	Quantity <u>Tab</u>	oles - 30"h	Discount Rates	Standard Rates
	Upholstered Side Chair	50.00	65.00	2'd x 4'w Tabl	9 (skirted 4 sides)	\$ 90.00	\$ 117.00
	Upholstered Stool with Back (30"high)	75.00	97.50		•	100.00	130.00
	•						
ACCESSO	ORIES			2'd x 8'w Table		110.00	143.00
	Pedestal Table (white laminate round top - chro	me noet - etar	hasa)	4th Side Skirte	ed (optional)	50.00	65.00
	2'dia. x 30"h (Spandex Cover)	60.00	78.00	Com	nters - 42"h		
	2'dia. x 42"h (Spandex Cover)	70.00	91.00				
	3'dia. x 30"h (Spandex Cover)	70.00	91.00	2'd x 4'w Cou	,	100.00	130.00
	3'dia. x 42"h (Spandex Cover)	75.00	97.50	2'd x 6'w Cou	nter	110.00	143.00
	Cocktail Table (white laminate top - chrome legs	s)		2'd x 8'w Cou	nter	120.00	156.00
	2'dia. x 18"h (round top)	50.00	65.00	4th Side Skirte	ed (optional)	60.00	78.00
	17"d x 17"w x 18"h (square top)	50.00	65.00				
	Coat Tree (chrome - stands 70"h)	50.00	65.00	Skirting Color Preferred: (If			,
	Sign Holder (chrome - stands 5'h)	75.00	97.50	🔲 Red 🔲 Royal Blue 🔲 Kelly Gr	een 🔲 Hunter Green 🔲 Gold	□ White	■ Black
	(displays 2 - 22"w x 28"h signs back to back)			☐ Orange ☐ Burgundy ☐ Silver	🔲 Teal 🔲 Beige 🖵 Plum	☐ Berry ☐	Dusty Rose
	Wastebasket (dove gray)	22.00	28.60				
	Easel (floor standing - aluminum tripod)	25.00	32.50	SKIRTED TABLE TO	•		
	Bag Stand (chrome - stands 4'h)	55.00	71.50	Skirting includes white vinyl to	p and white pleated skirt on	4 sides.	
	Literature Rack (silver base - 4 acrylic pockets)	80.00	104.00	1'd x 4'w x 1'h Ris		50.00	65.00
	Stanchion (chrome - stands 40"h) Rope (black velvet) - per linear ft.	35.00 10.00	45.50 13.00	1'd x 6'w x 1'h Ris	er	55.00	71.50
	Chain (white plastic) - per linear ft.	5.00	6.50				
	Ticket Tumbler (brass color - 15"dia.)	75.00	97.50	DISPLAY PANELS			
	Display Case (20"d X 5'w x 38"h half view)	450.00	585.00	Tack/Velcro Board	(dove gray)	105.00	136.50
	Display Case (20"d X 6'w x 38"h full view)	450.00	585.00	☐ 8'w x 4'h - stands 78"h	☐ 4'w x 8'h - stands 8'h	105.00	100.50
OADDET				Pegboard (white - 1/4	" hole) 4'w x 8'h - stands 8'h	105.00	136.50
CARPET	installation and taping front edge.			Wire Grid (chrome) 2		60.00	84.00
		115.00	140.50	vviie and (chome) z	W X O II - SIUIIUS O II - IIICIOUES IEEI	00.00	04.00
	9' x 10' Carpet 9' x 20' Carpet	230.00	149.50 299.00	DRAPE - other than booth	drane provided		
	9' x 30' Carpet	345.00	448.50			0.05	11.55
				ft. 8'h Drape - per li ft. 3'h Drape - per li			8.75
	ft. Custom-Cut Carpet - per sq. ft.	2.50	3.25				0.73
	ft. Carpet Padding - per sq. ft.	1.00	1.30	Colors: Red - Royal Blue - Kelly Gr			
	ft. Visqueen Covering - per sq. ft.	.50	.65	Black - Burgundy - Silver -	Teal - Beige - Plum - Peach		
	ft. Additional Taping - per linear ft.	.95	1.33	CUR TOTAL	.		
	red: (If no color is selected, silver will be prov	ided.)			.\$		_
Red Roy	ral Blue 🔲 Kelly Green 🔲 Hunter Green 🔲 Gold			6% Sales Tax	\$		_
☐ Silver ☐ Ch	arcoal 🖵 Black 🖵 Brown 🖵 Plum			TOTAL	.\$		_
to qualify for to the terms	OLICY: We require your credit card at Discount Rates. Payment may be mad and conditions as set forth in the enclost company your order.	e by check	drawn on a	U.S. Funds Account, MasterC	ard, VISA or American E	xpress, and	d is subject
NAME OF	FVENT Winter Simulation	n				PLEASE TY	PE OR PRINT
NAME OF	FIRM				BOOTH NO		
CARE OF	#COMPANTING FOLLOWS FOR A						
٨٦٥٥٠	(If Other Than Exhibiting Firm)						
ADDRESS	(Street)	(P. O. Box)		(City)	(State)	(Zip)	
ORDERED		(1.0.00)		X	(Glate)	(ZIP)	
OHDENEL	(Please Type or Print)			(Signature)			
DHONE (\			DAT			

Color Chart

Drape Colors



Table Skirt Colors



Carpet Colors







Phone: 336-315-5225

Street Address 121 North Chimney Rock Rd. Greensboro, NC 27409

Fax: 336-315-5220

ORDER FORM FOR CUSTOM BOOTH RENTAL

Deadline Date For Return of This Form November 25, 2016

Charges include placing in booth ready for use. **Equipment is on a rental basis.** Mail one copy to us at the address above. Retain a copy for your files. **CANCELLATION POLICY:** Items cancelled will be charged 50% of original price after move-in begins and 100% of original price after installation. Custom graphics cancelled less than two weeks prior to installation will be charged 100% of original price.

Package No. 1	No Shipping Costs! No Drayage! Turnkey Se Ready When You Arrive! Installation Include	
COMPANY NAME	Quantity	ates
Hard Backwall - 10'w x 8'h	Package No. 1 \$1,4	00.00
Hard Wing Walls - 19"d x 8'h	120	00.00
Header (blank*) - 8'w x 1'h		50.00
Carpet Two Stem Lights	Custom Graphics for Headers:	
		50.00
T I I I I I I I I I I I I I I I I I I I	Color Print with Logo	00.00
*To order header graphics see "Custom Graphics for Heade	ers.	50.00
Package No. 2	Header Copy To Read:	
COMPANY NAM	Options:	
Hard Backwall - 10'w x 8'h	Counter - 19"d x 19"w x 42"h	60.00
Hard Wing Walls - 19"d x 8'h	Counter - 19"d x 38"w x 42"h	00.00
Header (blank*) - 8'w x 1'h Carpet	Counter - 19"d x 76"w x 42"h	00.00
Two Stem Lights	Backwall shelf - 1'd x 6'w (white only)	75.00
• One Counter - 19"d x 38"w x 42"h	Add doors to counters	80.00
	(Doors not available for 19"d x 19"w counter.)	
*To order header graphics see "Custom Graphics for Heade	Add Custom Graphics to Counters:	
↑ Icon	MPANY NAME	00.00
Package No. 3	Counter - 19"d x 76"w x 42"h	60.00
COMPANY	Wall & Counter Color Preferred:	
• Hard Backwall - 10'w x 8'h	☐ White ☐ Gray ☐ Black ☐ Blue	
Hard Wing Walls - 19"d x 8'h	Carpet Color Preferred: (If no color is selected, silver will be pro	ovided.)
Header (blank*) - 8'w x 1'h	Red Royal Blue Kelly Green Hunter Green Silver Charcoal	
• Carpet	⇒	
Two Stem Lights	SUB TOTAL \$.
• Two Counters - 19"d x 19"w x 42"h	6% Sales Tax \$	
*To order header graphics see "Custom Graphics for Heade	ers". TOTAL \$	
Payment may be made by check drawn on a U.S. Funds Account, M	e on file with HOLLINS. Payment in full, including tax, must accompany your fasterCard, VISA or American Express, and is subject to the terms and conduthorization Form. Completed and signed Authorization Form must acco	ditions
·	PLEASE TYPE OR	PRINT
NAME OF EVENT Winter Simulation		
NAME OF FIRM	POOTH NO	

					FLLASL TIFL ON FRINT
NAME OF EVENT	Winter Simulation)			
NAME OF FIRM				BOOTH NO	
CARE OF					
(If Other Th	an Exhibiting Firm)				
ADDRESS					
(Street)		(P. O. Box)	(City)	(State)	(Zip)
ORDERED BY			X		
(Ple	ease Type or Print)		(Signature)		
PHONE ())		DAT	TE	



Street Address 121 North Chimney Rock Rd. Greensboro, NC 27409

Phone: 336-315-5225 Fax: 336-315-5220

ORDER FORM FOR CUSTOM SIGNS & GRAPHICS

Deadline Date For Discount Rates November 25, 2016

Mail one copy to us at the address above. Retain a copy for your files.

PLEASE TYPE OR PRINT

VINYL SIGNS

Sign rates are based on up to 10 words per sign, one color copy on white background, and delivery to the booth exclusive of installation or hanging.

STANDARD SIGN SIZES: (Choose Your Size)

Size	Quantity	Discount Rates	Standard Rates	TOTAL
7" x 11"		\$ 28.75	\$ 40.25	\$
7" x 22"		29.25	40.95	
7" x 44"		31.50	44.10	
11" x 14"		37.25	52.15	
14" x 22"		41.25	57.75	
14" x 44"		53.50	74.90	
22" x 28"		55.50	77.70	
24" x 36" 20" x 60"		71.50	100.10	
(White Only)		117.25	164.15	
40" x 60" (White Only)		148.50	207.90	

ADDITIONAL SERVICES AVAILABLE:

	Quantity	Discount Rates	Standard Rates	TOTAL	7" x 22" 7" x 44"
Over 10 Words	s \$	2.75 per word	\$ 3.85	\$	11" x 14" 14" x 22"
Colored Showcard		8.25 per sign	11.55		14" x 44" 22" x 28" 24" x 36"
Change in Color of Copy		8.25 per change	11.55		20" x 60" 40" x 60"
Easel Back on Sign		5.25 per sign	7.35		Other Size Signag Banners
Weather Protection Logo Sign		5.00 per sq. ft.	21.00		C ☐ Vertical
Banner		Quoted on Request Quoted on Request			Background C
CH	IOOSE Y	OUR STYLE	AND COL	OR:	Lettering Colo
Vertical	Horizon	tal 🔲 Use Y	our Judgemer	nt for Layout	Indica

☐ Vertical	Horizontal	Use Your Judgement for Layout
Background C	Color:	
_ettering Colo		
Indic	ate sign copy on the	following page. Return BOTH pages.

INKJET PRINTED SIGNS

Signs printed and mounted on white foamcore. Other materials available.

For sending logos, artwork, etc. via digital files, please refer to the information on the following page.

NOTE: Color correction, retouching, cloning or file conversion (if necessary) will incur additional labor charges. Labor schedule and rates are listed below:

Straight Time: 8:00 AM to 4:30 PM, Monday through Friday

Overtime: 4:30 PM to 12:00 AM, Monday through Friday 8:00 AM to 12:00 AM, Saturday and Sunday

Double Time: 12:00 AM to 8:00 AM, Monday through Sunday

and all Holidays

Graphic Design Labor Rates:

Straight Time: \$62.50/hr
Overtime: \$3.75/hr

Double Time: 125.00/hr

STANDARD SIGN SIZES: (Choose Your Size)

Size	Quantity	Discount Rates	Standard Rates	TOTAL
7" x 11"		\$ 34.75	\$ 48.65	\$
7" x 22"		36.50	51.10	
7" x 44"		38.25	53.55	
11" x 14"		44.50	62.30	
14" x 22"		50.00	70.00	
14" x 44"		63.75	89.25	
22" x 28"		66.00	92.40	
24" x 36"		86.00	120.40	
20" x 60"		144.50	202.30	
40" x 60"		177.75	248.85	
Other Size Signage		14.50/sq.ft.	20.30/sq.ft.	
Banners		16.25/sq.ft.	22.75/sq.ft.	

Banners		16.25/sq.ft.	22./5/sq.ft	_
CH	HOOSE YOUR	R STYLE A	AND COLOR:	
Vertical	Horizontal	Use Yo	our Judgement for Layou	ıt
Background Co	olor:			_
Lettering Color	:			_
			e. Return BOTH pages.	
	SUB TOTAL \$			
6	% Sales Tax \$			
	TOTAL \$			

PAYMENT POLICY: We require your credit card authorization to be on file with HOLLINS. Payment in full, including tax, must accompany your order to qualify for Discount Rates. Payment may be made by check drawn on a U.S. Funds Account, MasterCard, VISA or American Express, and is subject to the terms and conditions as set forth in the enclosed "Payment Policy & Credit Card Charge Authorization Form". Completed and signed Authorization Form must accompany your order.

. , ,				
				PLEASE TYPE OR PRINT
NAME OF EVENT Winter Sin	nulation			
NAME OF FIRM			BOOTH NO	
CARE OF				
(If Other Than Exhibiting Firm)				
ADDRESS				
(Street)	(P. O. Box)	(City)	(State)	(Zip)
ORDERED BY		X		
(Please Type or Print)		(Signature)		
PHONE ()			DATE	



Phone: 336-315-5225

Street Address 121 North Chimney Rock Rd. Greensboro, NC 27409

Fax: 336-315-5220

ORDER FORM FOR CUSTOM SIGNS & GRAPHICS

Deadline Date For Discount Rates November 25, 2016

Orders must be received by deadline date to qualify for "Discount Rate" and to insure work will be ready by show opening.

COPY TO READ AS FOLLOWS: (Attach all logos, trademarks, color samples, etc.)

SUBMITTING ARTWORK

ON DISK: Artwork should be submitted on the following PC/MAC formatted disks: CD or DVD. Please consult our Exhibitor Services Department for other formats.

VIA E-MAIL: (Compress large files before e-mailing: see below for file types.) Artwork should be e-mailed to:

service@hollins-expo.com

FILE TYPES: We can accept the following file types ONLY:

.eps (Encapsulated Post Script)

.jpg (JPEG)

.psd (Photoshop Document)

.sit (Stuffit)

.tif (Tagged Image Format)

.zip (WINZIP)

When submitting a raster file, the optimal resolution is 150 dpi for a 1 to 1 output ratio. Depending on the scale, lower resolutions may result in a decrease in image quality and/or increase in setup charges. The higher the resolution, the better the final output.

HARD COPY:

- Send CAMERA READY artwork ONLY.
- Include PMS colors.
- Include registration marks and crop marks if applicable.
- Artwork MUST be clean and sharp to obtain an accurate, detailed reproduction.
- Photocopies, faxes, letterheads and business cards are NOT acceptable.

Artwork not following the above specifications will delay the job processing time and increase your final cost.

ORDERING TIPS

- On your disk, indicate the disk format (MAC or PC), file type (e.g., .eps, .jpg) and compression format (e.g., .zip, .sit). Mark the disk with your company name, event name, contact person and telephone number.
- If sending artwork via e-mail, please indicate the following in the body of your message: the disk format (MAC or PC), file type (e.g., .eps, .jpg) and compression format (e.g., .zip, .sit). Please include your company name, event name, contact person and telephone number.
- Include a printed color copy of artwork and PMS colors.
- All files should be scaled proportionately to the final output size.
- All text should be converted to curves, or embed fonts if possible.
- Indicate output size(s) and quantity of each.
- Include a complete list of the files on your disk or e-mail and specify the file(s) you wish to output.
- Remember to order in advance to save time and money. Orders received after the deadline date or without payment will be charged at "Standard Rates".
- Should you need any additional assistance, please call our Exhibitor Services Department.



Street Address 121 North Chimney Rock Rd. Greensboro, NC 27409

Phone: 336-315-5225 Fax: 336-315-5220

ORDER FORM FOR CLEANING SERVICES

Deadline Date For Return of This Form November 25, 2016

Mail one copy to us at the address above. Retain a copy for your files.

PLEASE TYPE OR PRINT

The cleaning services provided by the exhibit hall include only a general sweeping of the aisles. Any cleaning services required within your exhibit space, including disposal of debris generated during set-up, is your responsibility.

Note: All rental carpets ordered from HOLLINS are installed in clean condition.

PLEASE INDICATE SERVICES DESIRED

BOOTH CLEANING -	ALL RATES BASED ON G		EA			
	(100 Sq. Ft. Minimum Per	Day)				Rate
DAILY - Vacuum, em	pty wastebaskets, general clea	ning before initial ope	ening of the show	and DAILY thereafter.	\$.40 pe	r sq. ft. Per Day
ONCE - Vacuum, em	pty wastebaskets, general clea	ning before initial ope	ening of the show	:		.48 per sq. ft.
ONCE - Vacuum, em	pty wastebaskets, general clea	ning before initial ope	ening of the show	for space with more that	an 1,000 sq. ft.	.40 per sq. ft.
ONCE - Shampoo be	efore initial opening of the show					.85 per sq. ft.
SPECIAL INSTRUCTION	ONS OR OTHER SERVICES	S REQUIRED				
SIZE OF BOOTH: _	x =	SQ. FT. x F	ATE:	x NO. OF DAYS:	= \$ _	
to the opening of the s	onsidered for services unles how each day. There will be netal shavings generated by	e an additional cha	rge for cleaning	carpets that are sub		
order. Payment may b terms and conditions a	Ve require your credit card e made by check drawn on as set forth in the enclosed ast accompany your order.	a U.S. Funds Acco	unt, MasterCar	d, VISA or American	Express, and i	s subject to the
					PLI	EASE TYPE OR PRINT
NAME OF EVENT	Winter Simulation					
NAME OF FIRM				BOOT	ΓΗ NO	
CARE OF						
ADDRESS	Exhibiting Firm)					
ORDERED BY		D. Box)	(City)	(Sta	ate)	(Zip)
PHONE () _	e Type or Print)		(Sig	nature) DATE		



PHONE (___

Mailing Address P.O. Box 49837

Street Address 121 North Chimney Rock Rd. Greensboro, NC 27419 Greensboro, NC 27409

Phone: 336-315-5225 Fax: 336-315-5220

ORDER FORM FOR **INSTALLATION & DISMANTLE LABOR**

Deadline Date For Return of This Form November 25, 2016

Mail one copy	to us at the add	dress above. F	Retain a cop	y for your fi	les.			PLEASE	TYPE	OR PRINT		
RATES:												
Straight Time 8:00 AM to 4:30	PM, Monday thro	ough Friday	4:30 PM to 8:00 AM to	12:00 AM, N 12:00 AM, S	/londay t Saturday	135.00/HR hrough Friday and Sunday		Doubletime 12:00 AM to 8: and all Holiday	00 AM			
		RAIES ARE P	ER MAN PE	R HOUR -	— ONE	: HOUR MIN	IMU	JM PER MAN				
			PLEASE	INDICATE S	SERVIC	E DESIRED:						
This plan is of by HOLLINS. bill, with a mi	Specially trainer nimum of one (1 e your exhibit	ur exhibit set prid d craftsmen perfo d) hour on installa to your satisfa	orm the work ation and one action, we n	on straight ti e (1) hour on nust receiv	ime whei dismant e the fo	re possible. <i>Th</i> ble. bllowing info	rm:	penses and save harge for this se ation:	rvice is	s 40% of th	e total	l labor
		Ordered from			'							
Set-Up Plan Please provi	/Photo: Attachide an emerger	ned ncy contact: Na	In Crate _			it Shipped To	: W	/arehouse elephone No. (Show Sit	e	
Return shipping Ship to: Please Note: H0					- - -	☐ Other ☐ Prepaid						
It is important upon comple	tion of work. All ssigned until you	in at the HOLLIN work to be done check in at the e ordered, a ON	under your s HOLLINS Ser	upervision or vice Desk.	r the sup Supervis	ervision of you or will be:	r re	lso check men o presentative. If r	o date	and time i	s indic	ated, no
INSTALLATION	No. of Men	Approx. Hrs.	Rate \$		=	PLAN B	+			=	\$	AN A
DISMANTLE			\$		OTAL	\$		\$		TOTAL	\$	
					OTAL	\$				TOTAL	Ф	
INSTALLATION	Date	Start Ti	me			DISMANTL	.E	Date		Start Tim	ne	
PAYMENT POLI may be made by in the enclosed "	check drawn on	a U.S. Funds Ac	count, Maste	rCard, VISA	or Ameri	can Express, a	nd i	s subject to the t	erms a	nd condition	ons as	set fortl
NAME OF EV	ENT Wint	er Simulati	on							PLEA:	SE TYPE	OR PRIN
NAME OF FIF	RM							BOOT	H NC)		
		Firm)										
ADDRESS		Firm)										
ORDERED BY	Street)	No.	(P. O. Box)		(C	X	`	(Stat	e)	(Z	(ip)	

_ DATE ____



Greensboro, NC 27409

Phone: 336-315-5225

Fax: 336-315-5220

121 North Chimney Rock Rd.

INTENT TO USE **EXHIBITOR APPOINTED CONTRACTOR NOTICE**

Street Address

NOTIFICATION DEADLINE: Friday, November 25, 2016

Only forms received by this date will be processed for authorization to gain show floor access.

An Exhibitor Appointed Contractor is any contractor other than the Official Contractors appointed by Show Management.

- The Exhibitor Appointed Contractor must agree to abide by the regulations as set forth in the "Exhibitor Appointed Contractor Regulations" document which follows this form.
- Should you choose to use an Exhibitor Appointed Contractor you must complete and sign this form. It must be received at the HOLLINS offices in Greensboro, NC no later than the deadline date shown above. No extensions or exceptions will be granted after the published deadline.
- The Exhibitor Appointed Contractor must provide HOLLINS with an original "Certificate of Insurance". This certificate must be received at the HOLLINS offices in Greensboro, NC no later than the deadline date shown above. No extensions or exceptions will be granted after the published deadline.
- Failure to provide HOLLINS with the above items No. 2 and No. 3 will result in said firms being required to hire installation and dismantle labor from HOLLINS and the Exhibitor Appointed Contractor providing supervision only.
- In addition to complying with Show Management requirements, all representatives of the Exhibitor Appointed Contractor must obtain an "Exhibitor Appointed Contractor Badge" at the HOLLINS Service Desk to gain show floor access.

PLEASE TYPE OR PRINT Name of Event _ Informs Analytics & Operations Research

INTENT TO USE EXHIBITOR APPOINTED CONTRACTOR

Booth No. Exhibiting Firm _____

Authorized Name and Title _______(Please Type or Print) Authorized Signature X

Full Name of Exhibitor Appointed Contractor

Complete Address _____

City, State _____ Zip Code _____

Phone Number _____ Fax Number _____

Type of Service to be Performed _____

EXHIBITOR APPOINTED CONTRACTOR REGULATIONS

An Exhibitor Appointed Contractor is any contractor other than the Official Contractors appointed by Show Management. Exhibitor Appointed Contractors typically provide services such as exhibit installation and dismantling, floral, photography, audio visual, display rental, display house services, etc. You, the exhibitor, must notify HOLLINS in writing, no later than 30 days prior to the first day of move-in, of your intent to use an outside contractor. You must furnish the name, address and telephone number of the contractor.

The following rules have been established to insure the proper operation of the show and the satisfaction of the participants.

- 1. You may not use a utility service contractor (electrical, telephone or plumbing) other than those officially contracted for by Show Management.
- 2. You may use an outside contractor to install and dismantle your display but may not use an outside drayage contractor.
- 3. It is your responsibility to provide the Exhibitor Appointed Contractor with information pertinent to the installation and servicing of the exhibit; e.g., utilities, service order forms, installation and dismantling dates, target dates, shipping instructions, labels, display regulations, work passes, etc. You agree that you are ultimately responsible for all services in connection with your exhibit; including freight, drayage, rentals and labor.
- 4. The Exhibitor Appointed Contractor shall have the right to provide services requested by you. However, the Exhibitor Appointed Contractor shall conform to the following rules and guidelines.
 - A. The Exhibitor Appointed Contractor shall use only his or her own bona fide full-time employees on the show floor.
 - B. The Exhibitor Appointed Contractor shall have a valid work order from you in advance of the show installation date, and shall be prepared to present this upon request at the show.
 - C. The Exhibitor Appointed Contractor shall not solicit business on the show floor. Work will be allowed only on exhibits for which prior notification has been received and approved.
 - D. The Exhibitor Appointed Contractor shall have in his or her possession, and have a copy on file with HOLLINS, a public liability and property damage insurance policy naming Show Management, HOLLINS, the facility and other particular parties that may be required, as the insured in the amount specified by the facility or \$2,000,000.00, whichever is greater. This information shall be on file no later than 30 days prior to the first day of move-in.
 - E. A letter shall be provided to HOLLINS, no later than 30 days prior to the first day of move-in, listing the exhibitors who have retained the services of the Exhibitor Appointed Contractor. HOLLINS will keep this information confidential.
 - F. Prior to starting work, the Exhibitor Appointed Contractor shall have all business licenses, permits and workers compensation insurance required by the state, city governments and exhibit facility management, and shall provide HOLLINS with the evidence of compliance.
 - G. Prior to starting work, the Exhibitor Appointed Contractor shall furnish HOLLINS with the names of all employees who will be working in the exhibit hall, as well as the names, addresses and telephone numbers of key executives for emergency contact. Upon notification by you of your intent to use an Exhibitor Appointed Contractor, the contractor will be supplied with the appropriate forms for response.
 - H. Prior to starting work, the Exhibitor Appointed Contractor shall obtain badges from Show Management and HOLLINS. Anyone found not wearing the appropriate badge will be required to leave the show floor.
 - I. The Exhibitor Appointed Contractor shall be responsible for adherence to all rules of ingress and egress, and shall complete his or her work in a timely and professional manner within the prescribed time limits.
 - J. The Exhibitor Appointed Contractor shall remain within the perimeter of the booth(s) he or she is erecting. Work will not be allowed in the aisles or other unused areas of the exhibit hall.
 - K. The Exhibitor Appointed Contractor shall cooperate fully with HOLLINS and, when necessary, assist HOLLINS in meeting schedule requirements.
 - L. The Exhibitor Appointed Contractor shall refrain from interfering with the efficient utilization of labor by HOLLINS.
 - M. When necessary, the Exhibitor Appointed Contractor shall share with HOLLINS all reasonable costs related to his or her work; including the payment of union stewards, the restoration of exhibit space to its initial condition, etc.
- 5. Failure to comply with the terms set forth in this document will be grounds for the Exhibitor Appointed Contractor not being allowed to work in the exhibit hall, or work being stopped and the Exhibitor Appointed Contractor required to leave the show floor.

IMPORTANT PLEASE READ

All freight shipped in advance of show must be shipped.....

TO: (Exhibitor's Firm Name and Booth Number)

FOR: Winter Simulation

C/O: HOLLINS EXPOSITION SERVICES

UPS Freight

2400 Beaver Road Landover, MD 20785

DO NOT SHIP ADVANCE FREIGHT TO THE Crystal Gateway Marriott

HOLLINS has exclusive rights to drayage services on all freight shipped to show site.

Any and all freight received by Crystal Gateway Marriott will be consigned to HOLLINS and subject to the prevailing drayage rate.

We urge you to ship your materials in advance.

By doing so, your materials will be in your booth Sunday, April 10, 2016, at 9:00 AM for you to begin set-up.



Street Address 121 North Chimney Rock Rd. Greensboro, NC 27409 MATERIAL HANDLING
RATE SCHEDULE

SHIPPING INSTRUCTIONS

Phone: 336-315-5225 Fax: 336-315-5220

ADDRESS ADVANCE SHIPMENTS TO WAREHOUSE

TO: (Your Firm's Name and Booth Number)

FOR: Winter Simulation

C/O: HOLLINS EXPOSTION SERVICES

UPS Freight 2400 Beaver Road Landover, MD 20785

Deadline for receiving advance shipments at warehouse:

December 8, 2016

ADDRESS DIRECT SHIPMENTS TO SHOW SITE

TO: (Your Firm's Name and Booth Number)

FOR: Winter Simulation

C/O: HOLLINS EXPOSITION SERVICES

Crystal Gateway Marriott 1700 Jefferson Davis Hwy Arlington, VA 22202

Shipments to show site will not be accepted prior to: Sunday, December 11, 2016

The show site has no provisions to accept shipments prior to the SHOW SET-UP PERIOD.

SHIPMENTS MUST BE PREPAID - COLLECT SHIPMENTS WILL NOT BE ACCEPTED

ADVANCE WAREHOUSE SHIPMENTS (Includes thirty (30) days storage)

Receive ONLY crated, boxed or palletized shipments at the warehouse and store up to thirty (30) days prior to the show. Deliver to the booth, remove, store and return empty crates/boxes/pallets. Includes removal of material from the booth and loading on outbound carrier at the facility loading dock......

SHOW SITE SHIPMENTS - COMMON CARRIER (THIS INCLUDES OVERTIME RATE)

Material Handled Into And Out Of Exhibit Area	Minimum Charge Per Shipment
\$ 118.00 per 100 lb.	200 lbs.
\$ 135.00 per 100 lb.	200 lbs.

SHOW SITE SHIPMENTS - VAN LINE, POV/COMPANY TRUCK, SPECIALIZED CARRIER

(Crated, Boxed or Palletized Shipments)

Receive at the show site DURING SET-UP PERIOD. Deliver to the booth, remove, store and return empty crates/boxes/pallets. Includes removal of material from the booth and loading on outbound carrier at the facility loading dock.

(Loose, Uncrated or Pad Wrapped Shipments)(This includes UPS Ground & Fedex)

Receive at the show site DURING SET-UP PERIOD. Deliver to the booth, remove, store and return packing material. Includes removal of material from the booth and loading on outbound carrier at the facility loading dock.

LATE SHIPMENTS

	\$ 135.00 per 100 lb.	200 lbs.
	\$ 135.00 per 100 lb.	200 lbs.
. [\$ 185.00 per 100 lb.	200 lbs.

SHIPMENTS RETURNED TO WAREHOUSE - STORAGE FEES - CONTAINER STORAGE

• Shipments returned to the warehouse will be charged an additional \$100.00 per one-hundred pounds (100 lbs.) ~ \$200.00 minimum. • Storage will be charged if shipments are not picked up after four (4) days. Storage fees prior to thirty (30) days before the show, and/or after four (4) days following the show will be an additional \$50.00 per one-hundred pounds (100 lbs.) per day ~ \$100.00 minimum. • Show site container storage for freight not brought in by HOLLINS will be \$75.00 per piece.

200 lb. minimum charge applies to each shipment HOLLINS receives.

- Example 1: You shipped two boxes together weighing seventy-five pounds (75 lbs.) each. The boxes arrive as one shipment. This entire shipment will result in **ONE** minimum two-hundred pound (200 lb.) charge.
- Example 2: You shipped the same two boxes weighing seventy-five pounds (75 lbs.) each. The boxes arrive separately, at two separate times. This will result in **TWO** minimum two-hundred pound (200 lb.) charges.

NOTE: Billed weight is based on incoming weight only, whether the above services are used in whole or in part. The weight is rounded up to the next one-hundred pounds (100 lbs.) and is taken from the **INBOUND** "bill of lading" and/or the "certified weight ticket". Shipments arriving without a specified weight on the "bill of lading" will be assigned an approximate weight by HOLLINS. This weight estimate will prevail.

SMALL PACKAGE HANDLING

Cartons and envelopes received without documentation will be delivered without guarantee of piece count or condition.

Maximum weight is 50 lbs. - per shipment, per delivery

\$65.00 for the first carton - per shipment, per delivery

\$30.00 for each additional carton - per shipment, per delivery

SPECIAL SERVICES

Rates quoted above do not include the following services.

Local Pickups and Deliveries: Labor (1 hr. minimum) plus appropriate cwt weight charge (200 lbs. minimum).

Banding \$ 10.00 per ft. plus labor (1/2 hr. minimum)

Shrinkwrap \$ 40.00 per pallet plus labor (1/2 hr. minimum)

MATERIAL HANDLING LIMITS OF LIABILITY

Important Information! Please Read!

HOLLINS EXPOSITION SERVICES' liability shall be limited to the physical loss or damage to the specific article which is lost or damaged as described in this document.

LIMITATIONS OF HOLLINS EXPOSITION SERVICES' LIABILITY AND RESPONSIBILITY

- 1) HOLLINS shall not be responsible for damage to un-crated materials, materials improperly packed or concealed damage.
- 2) HOLLINS shall not be responsible for loss, theft or disappearance of your materials after they have been delivered to your booth.
- 3) HOLLINS shall not be responsible for loss, theft or disappearance of materials before they are picked up from your booth for loading out after the show. "Bills of lading" furnished to HOLLINS by you that cover outgoing shipments will be checked at time of pickup from the booth and corrections made where discrepancies occur.
- 4) HOLLINS shall not be liable (to any extent whatsoever) for any actual, potential or assumed loss of profits or revenues, or for any collateral costs which may result from loss or damage to your material which may make it impossible or impractical to exhibit same.
- 5) The consignment or delivery of a shipment to HOLLINS by you, or by any shipper on your behalf, shall be construed as an acceptance by you, and/or other shipper, of the terms and conditions as set forth in this document.
- 6) HOLLINS shall exercise ordinary diligence and care in the receiving, handling and storage of all shipments. HOLLINS shall not be liable for loss or damage by fire, acts of God, strikes or causes beyond its control. HOLLINS' liability shall be limited to the physical loss or damage to the specific article which is lost or damaged. In any case, the liability of HOLLINS is limited to thirty cents (\$.30) per pound per article, with a maximum of fifty dollars (\$50.00) per item, and a maximum of one thousand dollars (\$1,000.00) per shipment. This applies while said goods are in HOLLINS' warehouse, vehicles for delivery or possession at show site.
- 7) Claims for loss or damage which are not submitted to HOLLINS within thirty (30) days of the show at which the loss or damage occurred, shall be considered waived. No suit or action shall be brought against HOLLINS or its subcontractors more than one (1) year after the accrual of the cause of action therefor.
- 8) Shipments received without receipts, freight bills or specified unit counts on receipts or freight bills (i.e., one lot, 800 cu. ft., etc. such as UPS or van lines), will be delivered to your booth without guarantee of piece count or condition. No liability will be assumed by HOLLINS for such shipments.
- 9) Empty container labels will be available at the HOLLINS Service Desk. Affixing the labels is your responsibility. All previous labels should be removed or completely covered. HOLLINS assumes no responsibility for errors to the aforementioned procedure, removal of containers with old empty labels and without HOLLINS labels, improper information on empty labels, or valuables stored in containers with empty labels.
- 10) You should arrange for outgoing shipments during the show or immediately after its close. HOLLINS will assist in the preparation of "bills of lading". Be sure your material is carefully crated or packed, and properly tagged or marked.
- 11) To expedite removal of materials, HOLLINS shall have the authority (without further clearance from you) to change designated carriers.
- 12) Labor and services ordered on your behalf by a display builder or other party, must be so authorized in a letter from you. Payment for all labor and services will be your responsibility.
- 13) You are responsible for all material handling charges for shipments consigned to you or your booth. Also, you are responsible for all material handling charges for shipments from you or your booth. You may not assign this responsibility to suppliers or customers. Any financial penalty incurred because of an inappropriate address, collect shipment, early arrival causing reconsignment charges, storage, etc., will be your responsibility.
- 14) Where you indicate a choice of carrier for pickup other than the Official Show Carrier, it is your responsibility to arrange with said carrier for pickup. If the carrier does not pick up on April 12th, before 5:30pm, we reserve the right to forward the material by the shipping method of our choice, or to remove the material to our warehouse for disposition at an additional charge to you in accordance with prevailing rates for the service performed.
- 15) HOLLINS will not be responsible for material left behind without orders placed at the HOLLINS Service Desk. Material left behind without orders placed at the HOLLINS Service Desk may be classified as abandoned.
- 16) HOLLINS will not be responsible for any delay of shipments. We will expedite shipments to the best of our ability; but, will not assume any financial responsibility for shipments which do not arrive at their destination at a specified time.
- 17) YOU ARE URGED TO CARRY ALL-RISK INSURANCE covering your materials against damage, loss and all other hazards from the time shipments are made prior to the show, until shipments are received back after the show. This can generally be done by adding "riders" to existing insurance policies, often at no additional cost. It is understood HOLLINS is not an insurer. Insurance, if any, must be obtained by you. The amounts payable to HOLLINS hereunder are based on the value of the material handling services. The scope of HOLLINS' liability is set forth in this document.



Mailing Address P.O. Box 49837 Greensboro, NC 27419 Greensboro, NC 27409

Street Address 121 North Chimney Rock Rd.

ORDER FORM FOR ESTIMATED MATERIAL HANDLING

Fax: 336-315-5220 Phone: 336-315-5225

Mail one copy to us at the address above. Retain a copy for your files.

PLEASE TYPE OR PRINT

INBOUND SHIPPING INFORMATION

	NUMBER OF PIECES	ESTIMATED WEIGHT	CARRIER(S)	TRACKING # (Please provide pro number)	ESTIMATED COST (Of Material Handling) (200 lbs. min. per shipment)
ADVANCE SHIPMENTS (Warehouse)					
DIRECT SHIPMENTS (Show Site)					
SHIPPED F	ROM: (Cit	y)		(S	tate)
DATE SHIP	PED:		ESTIMATED [DATE OF ARRIVAL:	
Attach sepa	arate Orde	er Forms for	multiple shipments.		
		OUTBO	OUND SHIPPING	INFORMATION	
A "bill of lading"	for all OUT	BOUND SHIP	MENTS must be comple	ted and turned in at the HOL	LINS Service Desk.
DO NOT LEAVE	YOUR "BIL	L OF LADING	" AT YOUR BOOTH!		
				aa Daale tha waidantifiahla a	
in the event a t	on lading	is not turned	III at the Holling Servi	ce Desk, the unidentifiable s	nipment will be discarded
accompany your or	der. Payment tions as set fo	may be made by rth in the enclosed	check drawn on a U.S. Funds	orization to be on file with HOL Account, MasterCard, VISA or An rd Charge Authorization Form". Co	nerican Express, and is subject t
	PLEA	SE FILL OUT	THE INFORMATION BE	ELOW ON EACH ORDER F	ORM
I have read and under and by my signature				nedule" as well as the "Material Han	dling Limits of Liability" docume
and by my dignature	below agree	to the conditions t	as set forth therein.		PLEASE TYPE OR PRIN
NAME OF EVEN	_{IT} Winte	er Simulatio	n		
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ORDERED BY _	(Please Type or Pr	,		(Signature)	
PHONE ()			DATE	



RUSH

DO NOT DELAY

DEADLINE DATE: December 8, 2016

TO:	/A.I	amo of Evhibiting Com-	popul	!
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EVENT:		Winter Simula	ation	
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Landover, MD 20785

EVENT:

CARRIER:

WAREHOUSE

BOOTH NO. NO. OF PCS.

Winter Simulation

HOLLINS EXPOSITION SERVICES

RUSH

DONOT DELAY
DEADLINE DATE: December 8, 2016

TO:			

(Name of Exhibiting Company)

C/O: HOLLINS EXPOSITION SERVICES
UPS Freight
2400 Beaver Road
Landover, MD 20785

WAREHOUSE

EVENT:	Winter Simul	ation	
BOOTH NO	NO	OF	PCS
CARRIER:			



RUSH

DO NOT DELAY

DEADLINE DATE: December 8, 2016

TO:	
	(Name of Exhibiting Company)

C/O: HOLLINS EXPOSITION SERVICES
UPS Freight
2400 Beaver Road
Landover, MD 20785

WAREHOUSE

EVENT:	Winter Simulation			
BOOTH NO	NO	OF	PCS.	
CARRIER:				



RUSH

DO NOT DELAY

CANNOT ARRIVE BEFORE: December 11, 2016

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EVENT:		Winter Simula	ation	
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Arlington, VA 22202

EVENT:

CARRIER:

SHOW SITE

BOOTH NO. NO. OF PCS.

Winter Simulation

HOLLINS EXPOSITION SERVICES

RUSH

DO NOT DELAY

CANNOT ARRIVE BEFORE: December 11, 2016

TO:	
	(Name of Exhibiting Company)

C/O: HOLLINS EXPOSITION SERVICES
Crystal Gateway Marriott
1700 Jefferson Davis Hwy
Arlington, VA 22202

SHOW SITE

EVENT:	Winter Simulation			
BOOTH NO	NO	OF	PCS	
CARRIER:				



RUSH

DO NOT DELAY

CANNOT ARRIVE BEFORE: December 11, 2016

TO:	
	(Name of Exhibiting Company)

C/O: HOLLINS EXPOSITION SERVICES
Crystal Gateway Marriott
1700 Jefferson Davis Hwy
Arlington, VA 22202

SHOW SITE

EVENT:	Winter Simulation			
BOOTH NO	NO	OF_	PCS.	
CARRIER:				

ATTENTION

DO NOT RETURN

the forms that follow this page to HOLLINS.

Should you require these services, please return the respective form(s) to the appropriate vendor.



Exhibitor Power and Wired Connectivity Order Form

EXHIBITING COMPANY:					COMPANY REPRESENTATIVE:
EVENT NAME:					EVENT DATE:
INSTALL DATE/TIME:					REMOVAL DATE/TIME:
INOTALE BATEFAME.					TREMOVAE BYTE/TIME.
LOCATION/BOOTH					PMS # (hotel use only):
ON SITE CONTACT:					EMAIL ADDRESS:
PLEAS	E FAX ALL FORM	S TO AC	COUNT	ING: (703	9) 271-5169
AV Equipment	Unit Price	QTY	#DAYS	Total	Remark
POWER					
110V 20 amp	\$100.00				
60 Amp Power drop	\$300.00				
100 AMP 208 Three Phase	\$1,250.00				
200AMP 208 Three Phase	\$1,750.00				
400AMP 208 Three Phase	\$3,500.00				
Rigging Point (Each)	\$95.00				
Special Power requirement	CALL				
CONNECTIVITY					
High Speed Internet Access (Wired)	\$350.00				
Additional Wired Connections	\$75.00				
Network Switch/HUB	\$200.00				
Static IP Address With 10MB Dedicated Bandwidth	\$1,250.00				
Webcast/Video Conferencing	CALL				
AV Equipment Charge Total					
24% Taxable Service Charge					
6% Tax					
Grand Total:	\$ -				
	*				

PLEASE NOTE:

Signature

Date

-Equipment and services are charged daily

Print Name

- -All orders and payment method must be received a minimum of (7) days prior to installation date
- -Local calls are charged \$0.75 per call and long distance rate applies.
- -For more information on equipment and services please call the AV department @ 703 271 5194



Date:



Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Fax to the attention of ACCOUNTING OFFICE 703 271-5225

Cardholder Information Name as it appears on the credit card: MC Diners/CB Discover **JCB** Card type: Visa Amex Account type: Individual (personal credit card) Corporate | Company Name: Account number: Exp. date: Address: (where statement is mailed) City, State and Zip: Phone number: Fax or alternate number: **Guest Information** Guest name: Company: Phone number: Fax or alternate number: Confirmation number: Arrival date: Departure date: Friend Business Associate Other: Relative Relation to cardholder: **Rate Information and Approved Charges** _____ Total daily rate:* _____ Number of nights: Room rate:* Taxes:* *(Rate and tax amount must be provided by a hotel representative in order to complete this form) All Charges Room & Tax Telephone (LD) Telephone (Local) Restaurant Room Service ☐ Valet (Laundry) Parking HS Internet Access Movies Other: I certify that all information is complete and accurate. I hereby authorize {Crystal Gateway Marriott} to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed ______ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above. Cardholder name: (Printed)

Cardholder signature: