

LABOUR INFORMATION SHEET

Company Name _____ Booth # _____

A CREDIT CARD AUTHORIZATION FORM AND AN ORDER SUMMARY FORM MUST BE SUBMITTED WITH THIS ORDER

Take advantage of our discounted price (30%) by ordering before the deadline date – **FRIDAY, AUGUST 4th, 2017**

DISPLAY LABOUR (One Hour Minimum per Worker)

Rates before deadline date:

RATE CATEGORY	DATE & TIME	LABOUR DISCOUNTED PRICE	SUPERVISOR DISCOUNTED PRICE	CARPENTER DISCOUNTED PRICE
Standard Time	Mon – Fri between 8:00am – 4:00pm	\$60.00	\$90.00	\$105.00
Over-Time	Mon – Fri between 4:00pm – 6:00pm Sat – Sun between 8:00am - 4:00pm	\$90.00	\$115.00	\$135.00
Double Time	All times not noted above as well as holidays	\$120.00	\$180.00	\$210.00

Rates after deadline date:

RATE CATEGORY	DATE & TIME	LABOUR REGULAR PRICE	SUPERVISOR REGULAR PRICE	CARPENTER REGULAR PRICE
Standard Time	Mon – Fri between 8:00am – 4:00pm	\$78.00	\$117.00	\$136.50
Over Time	Mon – Fri between 4:00pm – 6:00pm Sat – Sun between 8:00am - 4:00pm	\$117.00	\$149.00	\$175.50
Double Time	All times not noted above as well as holidays	\$156.00	\$234.00	\$273.00

- There is a one hour minimum, per labourer charge applicable.
- Labour rates are charged per labourer; per hour; in half hour increments.
- Supervisor must check in with the Robinson Show Site Manager to pick up labourer. Start time is guaranteed only at start of work.
- Labour must be cancelled in writing, two (2) business days in advance, to avoid a one hour, per worker cancellation fee.
- When scheduling dismantle labour, please allow for sufficient time to return empty containers to the booth.
- Robinson supervised jobs will be completed at the discretion of RSS administration, sometime before show opening. **Please include a set up plan, photo and special instructions with this order.**

LABOUR ORDER FORM

Company Name _____ Booth # _____

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INSTALLATION

INSTALLATION LABOUR	
Date Required _____	Start Time Required _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
No of People x Hours/Person = Total Hours x Hourly Rate = Total	
_____ X _____ = _____ x _____ = \$ _____	
INSTALLATION SUPERVISOR	
Date Required _____	Start Time Required _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
No of People x Hours/Person = Total Hours x Hourly Rate = Total	
_____ X _____ = _____ x _____ = \$ _____	
INSTALLATION CARPENTER	
Date Required _____	Start Time Required _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
No of People x Hours/Person = Total Hours x Hourly Rate = Total	
_____ X _____ = _____ x _____ = \$ _____	

DELIVERY INFORMATION

Delivery Date _____ Delivery Time _____ Carrier _____

EXHIBIT INFORMATION

Set up drawings/photos attached Yes No

SET UP INSTRUCTIONS

Set-up plan and photos attached

DISMANTLE

DISMANTLE LABOUR	
Date Required _____	Start Time Required _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
No of People x Hours/Person = Total Hours x Hourly Rate = Total	
_____ X _____ = _____ x _____ = \$ _____	
DISMANTLE SUPERVISOR	
Date Required _____	Start Time Required _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
No of People x Hours/Person = Total Hours x Hourly Rate = Total	
_____ X _____ = _____ x _____ = \$ _____	
DISMANTLE CARPENTER	
Date Required _____	Start Time Required _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
No of People x Hours/Person = Total Hours x Hourly Rate = Total	

PICK-UP INFORMATION

Pick up Date _____ Pick up Time _____ Carrier _____

DISMANTLE INSTRUCTIONS

Supervision (Note: If Exhibitor is supervising labour, the Exhibitor must check labour in and out with the Robinson Show Site Manager.)

Exhibitor Supervised
Exhibitor must be present to Supervise

RSS Supervised
Exhibitor does not need to be present

Exhibitor Contact Name _____ Cell # _____

EXHIBITOR APPOINTED FORM

Company Name _____ **Booth #** _____

Notification of intent to use an Exhibitor Appointed Contractor

Service Contractors other than the Official Service Contractor designated by Show Management, must complete the following form and forward it two weeks prior to move-in: exhibitorservices@robinsonshowservices.ca or fax to 905-417-2244.

Company Name: _____

Exhibit Appointed Contractor: _____

Address of Contractor: _____

Type of Service to be Performed:

Exhibit Appointed Contractors **must** forward a copy of their **General Liability Insurance Certificate (minimum coverage of two million dollars)** to Robinson Show Services no later than 10 days prior to the first day of exhibitor move-in, or they will not be permitted to service your exhibit. This document **must** include the following: Name of venue; Show Management and Robinson Show Services.

A **Safety Clearance Certificate** **must** also be submitted. Companies based in Ontario are required to submit a **WSIB Certificate** and companies operating in Quebec will be required to provide a **CSST Certificate**. For organizations operating outside of these areas, please contact Robinson Show Services for information about the appropriate certificate required.

It is the responsibility of the exhibitor to ensure that representatives of the Exhibitor Appointed Contractor abide by the official rules and regulations for this event.

Contact Name	Email Address	Booth #
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Authorized Signature	Print Name	Date
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Robinson Show Services - Payment and Credit Card Authorization form

Tel - (905) 417-7789 | Fax - (905) 417-2244 |

Email: exhibitorservices@robinsonshowservices.ca | www.robinsonshowservices.ca

Company Name _____ Booth # _____ Booth Size _____

Address _____ Postal Code _____

Email Address _____ Phone # _____

Email for invoice (if different from above) _____

Onsite Contact Name _____ Cell # _____

THIRD PARTY COMPANY INFORMATION

ONLY COMPLETE THIS SECTION IF A THIRD PARTY WILL BE MAKING PAYMENTS FOR THIS ORDER

Third Party Company Name _____

Contact Name _____

Third Party Address _____

_____ Post Code _____

Contact's Email _____ Phone # _____

Email for Invoice (if different from above) _____

CREDIT CARD

*****ONCE YOUR ORDER IS RECEIVED, A ROBINSON REPRESENTATIVE
WILL CONTACT YOU TO UPTAIN YOUR CREDIT CARD INFORMATION*****

Card Holder Name _____

Card Holder Billing Address _____

Card Holder Signature _____ Date _____

BANK WIRE TRANSFER

Canadian Imperial Bank of Commerce, 35 Lakeshore Road East, Port Credit, Ontario, L5G 1C9

CIBC Bank Code: 010 | Transit or Branch #: 00422 | Robinson's Account #: 1047701 | SWIFT CODE: CIBCCATT

- Canadian Banks do not carry IBAN numbers
- Please reference – 21st Triennial Meeting of the International Association of Forensic Science 2017 & Booth Number on all Bank Transfer so we properly credit your account. Customers are responsible for the bank processing fee of \$30.00 CDN.



PAYMENT POLICY

Your order will not be processed if this credit card authorization form is not fully completed or is not submitted with your order.

All payments must be made in full with the submission of your order forms. If the final price for the products or services you are ordering is different from the price on the order summary form, you will be notified in writing of any further deductions to be taken from your credit card prior to your card being charged. Payment will be deducted from your credit card once your order is processed and you will be issued with payment confirmation. Please note additional charges will automatically be deducted from your credit card for service such as freight, labour, damage and items or services ordered onsite by your representative - All applicable taxes will be added and charged to your credit card.

This form must be completed for all onsite orders or payment will have to be made in full.

Method of Payment: RSS will only accept the following forms of payment – Master Card, Visa, Amex and bank wire transfer. All exhibitors paying by bank wire transfer, please include an additional \$30 to cover the bank charges associated with this method of payment. For exhibitors paying in US currency via wire transfer, please ensure your payment is equivalent to Canadian dollars.

Charges: A 30% discount will automatically be given to all exhibitors placing their order before the order discount date documented in the exhibitor manual.

Third Party Billing: In order to authorize RSS to invoice a third party for payment of services rendered to exhibitors, this form must be fully completed and signed by both the exhibiting company and third party.

The exhibiting company understands and agree that your company is ultimately responsible for payment of charges and agree by submitting this form or ordering materials or services from RSS, to be bound by all terms and conditions as described in the Terms and Conditions section of this service manual. In the event that the named third party does not discharge payment of the invoice prior to the set up day of the show, charges will revert back to the exhibiting company. All invoices are due and payable upon receipt, by either party.

Cancellations and Amendments: Written cancellation submitted after processing of payment and more than 3 business days prior to the set-up will be subject to the lessor of a \$100.00 administration fee OR 25% of order value pre-tax. Order cancellation received 3 business days or less will be subject to a cancellation fee equal to 50% - 100% of the total order (this is based on the level of work already completed by RSS and also any expenses incurred inclusive of labour and purchased material).

All invoices will be sent via e-mail. Please provide the e-mail address of the person who reconciles your invoices if different than contacts email.

By signing this form, I agree to accept RSS payment policy & RSS contract terms included in this manual.

Exhibiting Company

Authorized Signature _____ Date _____

Authorized Name – Please Print _____

Third Party

Authorized Signature _____ Date _____

Authorized Name – Please Print _____

Robinson Show Services is committed to providing excellent customer service. To assist us with serving you more effectively, please send your feedback to exhibitorservices@robinsonshowservices.ca

