



6041 Tazewell Pike, Knoxville, TN 37918
Phone: 865-200-8687 Fax: 865-200-8689

CONTRACTOR SERVICES

SPRING 2024 ENGINEERING EXPO

Knoxville Convention Center

Exhibitor move in: March 5th,
9:30am-1:30pm

Show Dates: March 5th-6th

Exhibitor move out: March
6th 4:30pm

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

[Please return orders to: BETH@ACESKNOX.COM](mailto:BETH@ACESKNOX.COM)

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

Booth Accessories			
Qty.	Description	Price	Total
	Extra Chairs	\$20.00	\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Booth Accessories			
Qty.	Description	Price	Total
			\$
			\$
	Chrome Bag Rack	\$55.00	\$
			\$
			\$
			\$
			\$

Material Handling & Labor			
Weight	Description	Price/cwt	Total
	Freight Shipments to Warehouse (\$200.00 min)	\$70.00	\$
	Freight Shipments to Show Site (\$200.00 min)	\$80.00	\$
			\$
			\$
\$85.00 min	Specialized carrier to Warehouse or Showsite	1st carton \$35 add'l \$10	\$
	Specialized Carriers are UPS, Fed-ex, etc. Small Packages		\$
			\$
			\$

** 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:

Knoxville Convention Center
701 Henley Street
Knoxville, TN 37902
Booth # _____ PH:865
251-6040

NOTICE: First day freight can arrive at warehouse is Feb. 20th. Last day for freight to arrive at warehouse is March 1st. First day for freight to arrive at show site is March 4th.

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: _____