

# Willwork, Inc.

## Exhibit Services

### LABOR REQUEST FORM

Last Edit:

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EXHIBITOR INFORMATION		CLIENT INFO	BILLING INFO
Exhibitor _____		Job # _____	PO # _____
Show _____		Ord By/ ATTN: _____	
Start Date _____		Phone _____	
End Date _____		Fax _____	
Facility _____	Booth # _____	Company _____	
City _____	Size: _____	Address _____	
		City/St _____	

BOOTH INFORMATION		FREIGHT INFO
Type _____	Floor _____	Arrival Date/Time _____
Crated _____	Prints _____	Direct or Advanced _____
Carpet _____	Hang Sign? _____	Carrier _____
Pad _____	Carpt El _____	Contact _____
Visqueen _____	Net Cble _____	Telephone # _____
Forklift _____	Genie _____	<b>Outbound:</b>
Scaffold _____	Ladders _____	Address _____
Other: _____		Bill To: _____

Display _____	Acct Exec _____
House _____	Phone _____
	Fax _____

I,D,S	DAY	DATE	TIME	WORKERS	HOURS	NOTES
<b>Install</b>						
<b>Dismantle</b>						

SUPERVISION		
Install _____	Co: _____	Phone/Pager: _____
Dismantle _____	Co: _____	Phone/Pager: _____

SHOW MANAGEMENT	GENERAL CONTRACTOR
<b>EAC FILED?</b> Please forward a copy to our office	
Company _____	Company _____
Contact _____	Contact _____
Address _____	Address _____
City/St _____	City/St _____
Phone _____	Phone _____
Fax _____	Fax _____

**SPECIAL INSTRUCTIONS/NOTES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_