



Wisconsin Expo, Inc.

N113 W18750 Carnegie Drive | Germantown, WI 53022
Phone: 262.670.1300 | Fax: 262.670.1360 | Email: orders@wi-expo.com

Table with columns: QUANTITY, WOOD DISPLAY TABLES, ADVANCE ORDER, FLOOR ORDER, TOTAL. Lists various table sizes and prices.

COLORS: (circle one) BLACK BLUE BURGUNDY GOLD GREEN RED SILVER TEAL WHITE SHOW COLORS

CHAIRS

Table listing chair types: Folding Chairs, Armchairs, Fiberglass side chairs, High stools with prices.

CARPETING

Table listing carpeting options: 9'x 10', 9'x 20', 9'x 30', Special size, Carpet padding with prices.

CARPETING COLORS: (circle one) BLACK BLUE BURGUNDY GREY RED TEAL

MISCELLANEOUS

Table listing miscellaneous items: 20" TV/DVD combo, Floor standing literature rack, 5' long coat rack, Wastebasket, Floor standing easel, 24" round or square cocktail table, 30" round cocktail table, 36" round cocktail table.

*Please choose cocktail table height: 18"high 30"high 40"high

WAUPUN TRUCK-N-SHOW- August 10-11, 2018

SUBTOTAL:\$

Company Name: SALES TAX 5.0%:\$

Address: Phone: TOTAL:\$

City: State: Zip: Fax:

Ordered By: Email:

Signature: Date:

2018 Waupun Truck-N-Show
August 10-11, 2018
Waupun Community Center, Waupun, WI



Dear Exhibitor,

To guarantee the services you desire, please fax your order along with the completed credit card authorization form below. We accept checks (payable to Wisconsin Expo, Inc.) or credit cards for payments. To keep expenses manageable, for all parties concerned, we prefer payment by company check. Please indicate your intentions below:

Yes, we will be mailing a check, along with order(s), to arrive on or before **August 6, 2018**
Please do not process the credit card information listed below.

No, we prefer to pay for the indicated services with the credit card information provided.

CREDIT CARD AUTHORIZATION

.....
Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

American Express MasterCard Visa

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ Card Security Code: ____ - ____ - ____

Cardholder's Address (if different than above) _____

City: _____ State: _____ Zip: _____

Cardholder's Name (print): _____

Cardholder's Signature: _____

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