NAME OF SHOW: SIGGRAPH 2015 / 11 - 13 AUGUST 2015

COMPANY NAME ________________________________________ BOOTH #: ____________________________

CONTACT NAME: ______________________________________ PHONE #: ____________________________

E-MAIL ADDRESS ______________________________________

For Assistance, please call 714-254-3410 to speak with one of our experts.

For fast, easy ordering, go to www.freemanco.com/store

DISPLAY LABOR (One Hour Minimum per Worker)

<table>
<thead>
<tr>
<th>Description</th>
<th>Advance Price</th>
<th>Show Site Price</th>
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</thead>
<tbody>
<tr>
<td>Straight Time- 8:00 A.M. to 4:30 P.M. Monday through Friday</td>
<td>$ 134.00</td>
<td>$ 187.75</td>
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<tr>
<td>Double Time- 4:30 P.M. to 8:00 A.M. Monday through Friday, ALL DAY on Saturday and Sunday</td>
<td>$ 241.25</td>
<td>$ 337.75</td>
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<tr>
<td>Holiday- ALL DAY on Holidays</td>
<td>$ 308.00</td>
<td>$ 431.25</td>
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- Show Site prices will apply to all labor orders placed at show site.
- Price is per person/per hour.
- Start time guaranteed only at start of working day.
- One hour minimum per person - labor thereafter is charged in half (1/2) hour increments.
- Labor must be canceled in writing, 24 hours in advance to avoid a one (1) hour cancellation fee per worker.
- When scheduling dismantle labor, it is recommended to allow one-half (1/2) hour after show closing.
- Freeman supervised jobs will be completed at our discretion prior to show opening and before the hall must be cleared. Please include setup plan/photo, special instructions & inbound shipping information with this order.

INSTALLED LABOR

- Freeman Supervised Labor - Please complete the reverse side of this form.
- Installation of your exhibit will be completed at our discretion prior to show opening.
- The charge for this service is 30% of the total installation labor bill, with a minimum of $45.00.

Emergency contact: ______________________________________ Phone Number: ____________________________

Exhibitor Supervised Labor (Supervisor must check in at Service Desk to pick up labor)

Supervisor will be: ______________________________________ Phone Number: ____________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>No. of People</th>
<th>Approx. Hrs. per Person</th>
<th>Total Hrs.</th>
<th>Hourly Rate</th>
<th>Estimated Total Cost</th>
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Freeman Supervision (30%/$45.00) = $ __________
Tax = $(N/A)
Total Installation = $ __________

DISMANTLE LABOR

- Freeman Supervised Labor - Please complete the reverse side of this form.
- Freeman is not responsible for product or literature that is not properly packed and labeled by exhibitor.
- The charge for this service is 30% of the total dismantle labor bill, with a minimum of $45.00.

Emergency contact: ______________________________________ Phone Number: ____________________________

Exhibitor Supervised Labor (Supervisor must check in at Service Desk to pick up labor)

Supervisor will be: ______________________________________ Phone Number: ____________________________

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Freeman Supervision (30%/$45.00) = $ __________
Tax = $(N/A)
Total Dismantle = $ __________
NAME OF SHOW: SIGGRAPH 2015 / 11 - 13 AUGUST 2015

COMPANY NAME: 

CONTACT NAME: 

FREEMAN SUPERVISED LABOR

IN ORDER TO BETTER SERVE YOU - PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOUR DISPLAY IS TO BE SET-UP AND/OR DISMANTLED BY FREEMAN I&D AND YOU WILL NOT BE PRESENT TO SUPERVISE THE INSTALLATION AND/OR DISMANTLE.

INBOUND SHIPPING & SET UP INFORMATION

Freight will be shipped to Warehouse ________ Show Site ________ Date Shipped ___________________________

Total No. of: ________ Crates ________ Cartons ________ Fiber Cases ________

Setup Plan/Photo: Attached ________ To Be Sent With Exhibit ________ In Crate No. ________

Carpet: With Exhibit ________ Rented From Freeman ________ Color ________ Size ________

Electrical Placement: Drawing Attached ________ Drawing With Exhibit ________ Electrical Under Carpet ________

Comments: __________________________________________________________

Graphics: With Exhibit ________ Shipped Separately ________

Comments: __________________________________________________________

Special Tools/Hardware Required: ________________________________________

OUTBOUND SHIPPING INFORMATION

SHIP TO: ________________________________________________________________

METHOD OF SHIPMENT

☐ Freeman Exhibit Transportation:
  ☐ Common Carrier
  ☐ Air Freight □ Next Day  □ 2nd Day  □ Deferred  □ Expedited

☐ Other (list carrier name & phone number):
  ☐ Other Common Carrier: ____________________________________________
  ☐ Other Air Freight: ________________________________________________
  ☐ Van Line: _______________________________________________________

FREIGHT CHARGES

☐ Prepaid  ☐ Collect

Bill To: ______________________________________________________________

In the event your selected carrier fails to show on final move-out day, please select one of the following options:

☐ Reroute via Freeman’s choice

☐ Deliver back to Freeman warehouse at Exhibitor’s expense.

PLEASE NOTE: Freeman is not responsible for product or literature that is not properly packed and labeled by exhibitor.