



Request for Proposal

Name of Event: _____

Event Location: _____

Start Date & Time: _____ End Date & Time: _____

Decorator Move-In Dates & Times:

Exhibitor Move-In Dates & Times:

Shows Dates & Times:

Show Move-Out Dates & Times:

8' x 10' or 10' x 10' Approx. Number of Booths: _____

Please select all that apply:

- | | |
|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> I.D. Signage | <input type="checkbox"/> Aisle Carpet |
| <input type="checkbox"/> Draped Tables | <input type="checkbox"/> Booth Carpet |
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Aisle Signs |
| <input type="checkbox"/> Wastebaskets | <input type="checkbox"/> Entrance Unit |

Number of Registration Counters: _____

Highlighted Themed areas, if any: _____

Tell us about your event:

Contact Details

Association/Management Contact: _____

Title: _____

Street Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Preferred Method to Receive Proposal: Fax Mail Email

Please email this form to info@totalexpo.com, or fax it to 310-320-4265