

F R E E M A N

P. O. Box 14210 • Orange, CA 92863-1610
 714/254-3400 • Fax: 714/490-0801
 FreemanAnaheimES@freemanco.com

**DISCOUNT PRICE
 DEADLINE DATE
 MAY 26, 2006**

NAME OF SHOW: **TRAINING DIRECTORS FORUM** JUNE 11-13, 2006

COMPANY NAME: _____ BOOTH#: _____

ADDRESS: _____ BOOTH SIZE X

CITY/STATE/ZIP: _____ CUSTOMER #: _____

PHONE #: _____ EXT.: _____ FAX #: _____

SIGNATURE: _____ PRINT NAME: _____

CONTACT'S E-MAIL _____

E-MAIL FOR INVOICE _____ CHECK BOX IF YOU ARE A NEW FREEMAN CUSTOMER

Invoices will be sent by e-mail, please provide e-mail address of the person who reconciles your invoice if different from above.

METHOD OF PAYMENT

YOUR SIGNATURE BELOW DENOTES ACCEPTANCE OF ALL TERMS AND CONDITIONS INCLUDED IN YOUR SERVICE MANUAL.

COMPANY CHECK

Please make check payable to: Freeman. Checks must be in U.S. funds drawn on a U.S. or Canadian bank. ("U.S. FUNDS" MUST BE PRE-PRINTED on Canadian checks.)

Please reference 28-162612 on your remittance.

CREDIT CARD

For your convenience, we will use this authorization to charge your credit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative. These charges may include all Freeman companies, or any charges which Freeman may be obligated to pay on behalf of Exhibitor, including without limitation, any shipping charges. Please complete the information requested below:

BANK TRANSFER

Bank Transfer to Bank of America, N.A.; Dallas, TX 75202
 ABA#: 026009593

- Freeman
 FFC/ACCT# 125-203-919-2
- U.S Dollar Wires from inside the **U.S. or Canada** should use
 Swift Code: BOFAUS3N
- Foreign Exhibitors wiring funds from **Overseas** should use
 Swift Code: BOFAUS6S

Please reference Name of Show & Booth Number so we properly credit your account.

Note: Customers are responsible for any bank processing fees.

AMERICAN EXPRESS DISCOVER MASTERCARD VISA DINERS CLUB

Account No.: _____ Exp. Date: _____
 Personal Credit Card Company Credit Card

Cardholder Name (Print): _____ Signature: _____

Cardholder Billing Address: _____

City/State/Zip: _____

ENTER TOTALS HERE

FURNISHINGS ACCESSORIES	CARPET	CLEANING/ SHAMPOOING	PORTER SERVICE	RENTAL EXHIBITS & ACCESSORIES	TOTAL FLEX	INSTALLATION LABOR	DISMANTLE LABOR
MATERIAL HANDLING	RIGGING INSTALLATION	RIGGING DISMANTLE	SIGNS	ELECTRICAL/ PLUMBING	GRAND TOTAL		

- Remember to order in advance to save time and money. You may place your order by phone, fax, mail, or use our online ordering service at: www.myfreemanonline.com.
- Orders received without payment or after the deadline date will be charged at the standard price.
- Copies of invoices may be picked up from the Service Desk prior to show closing.
- If you have questions or need assistance with any items not listed, please call and ask for your Exhibitor Sales Representative.

TELL US WHAT YOU THINK

Freeman is committed to providing great customer service. To help us serve you more effectively in the future, please visit the URL address below upon the completion of your show to provide feedback. Your input will provide the insight needed to ensure that our customer service is in line with your expectations.

<http://totalshow.custominsight.com/?162612>

FREEMAN METHOD OF PAYMENT

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**DISCOUNT PRICE
DEADLINE DATE
MAY 26, 2006**

TRAINING DIRECTORS FORUM

JUNE 11-13, 2006

To authorize Freeman to invoice a third party for payment of services rendered to exhibitors, both the exhibiting company and the third party must complete this form and return it at least 14 days prior to show move-in.

EXHIBITING COMPANY AUTHORIZATION OF THIRD PARTY BILLING

"We understand and agree that we, the exhibiting company, are ultimately responsible for payment of charges and agree to be bound by all terms and conditions as described in the Terms & Conditions section of this services manual. In the event that the named third party does not discharge payment of the invoice prior to the last day of the show, charges will revert back to the exhibiting company. All invoices are due and payable upon receipt, by either party. The items checked below are to be invoiced to the third party."

YOUR SIGNATURE BELOW DENOTES ACCEPTANCE OF ALL TERMS AND CONDITIONS INCLUDED IN YOUR SERVICE KIT.

EXHIBITOR NAME: (PLEASE PRINT) _____

EXHIBITOR SIGNATURE: _____

DATE: _____

EXHIBITING COMPANY INFORMATION

EXHIBITING COMPANY NAME: _____

BOOTH #: _____

EXHIBITING COMPANY ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EXT. _____

FAX: _____

CONTACT'S E-MAIL: _____

Indicate which services are to be invoiced to the Third Party:

- | | |
|---|---|
| <input type="checkbox"/> ALL SERVICES | <input type="checkbox"/> RIGGING EQUIPMENT/LABOR |
| <input type="checkbox"/> I&D LABOR/SUPERVISION | <input type="checkbox"/> FREEMAN EXHIBIT TRANSPORTATION |
| <input type="checkbox"/> MATERIAL HANDLING/IN & OUT | <input type="checkbox"/> RENTAL FURNITURE/CARPET/SIGNS |
| <input type="checkbox"/> ELECTRICAL/PLUMBING | <input type="checkbox"/> BOOTH CLEANING |
| <input type="checkbox"/> HANGING STRUCTURES | <input type="checkbox"/> OTHER _____ |

THIRD PARTY COMPANY INFORMATION

THIRD PARTY COMPANY NAME: _____

CONTACT NAME: _____

THIRD PARTY BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EXT. _____

FAX: _____

CONTACT'S E-MAIL: _____

E-MAIL FOR INVOICE: _____

Invoices will be sent by e-mail, please provide e-mail address of the person who reconciles your invoices if different than above.

THIRD PARTY CREDIT CARD AUTHORIZATION

- AMERICAN EXPRESS MASTERCARD VISA DISCOVER DINERS CLUB

CREDIT CARD ACCOUNT NO: _____

EXP. DATE: _____

CARDHOLDER NAME (PLEASE PRINT): _____

CARD TYPE: _____

AUTHORIZED SIGNATURE: _____

CARDHOLDER BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

FREEMAN THIRD PARTY AUTHORIZATION