

Dear Exhibitor,

PR Exposition Services (PRX) is pleased to provide complete exhibitor services for the SCDA Annual Session held April 27-30, 2017 at the Charleston Marriott.

We have prepared this exhibitor kit detailing all of the information and services available to you from beginning to end to ensure you have a successful event! Please return all completed forms via email to prx@prexposition.com or via fax to 803-926-5500. For additional items not listed, please call our office at (803) 926-5300.

PRX Contacts

Danielle Murnieks Office: 843-714-2767

Account Executive Email: dmurnieks@prexposition.com

Cheryl White Office: 803-978-9741

Tradeshow Consultant Email: cwhite@prexposition.com

Important Exhibitor Dates

Event	Date	Time
Freight Due Date*	4/19/2017	By 5:00 pm
Booth Order Deadline**	4/19/2017	By 5:00 pm
Exhibitor Setup	4/26/2017	5 pm – 9 pm
Exhibitor Breakdown	4/28/2017	4 pm – 7:30 pm

^{*}Freight received after the deadline can be refused and may not make it to the show.

^{**}Orders received after the deadline or on floor orders will be subject to a 30% price increase.

Booth Specifications

Your Booth comes with the following:

10'wide x 8' deep Booth with Royal Blue Drapes
1- 6' Table with White Skirt
1- Wastebasket
2- Chairs
Identification Sign

Freight Specifications

The Charleston Marriott has limitations for access to the exhibit space. Please see perimeters below for freight to be delivered.

Loading Elevator 5000lbs, 56" width 83" height

Loading Dock Door 67" width, 80" height

Crystal Ballroom Back of House Door
46" width, 80" height
**Please note all freight must be able to get through this door



EXHIBITOR BOOTH

FURNISHING FORM

Event C	t Date: April 27-30, 2017 Booth #:						
Event N	Name: <u>SC Dental Asso</u>	ociation A	nnual Se	ssion			_
Company Name:			_				
Address:				_			
City, State, Zip:				_			
Phone #: Ordered By:				_			
Email:							
QTY	Tables – No Skirt	Price	Total	QTY	Booth Accessories	Price	Total
	4′ L x 2′ W	\$30			Black Folding Chair	\$12	
	6′ L x 2′ W	\$30			Counter High Chair	\$35	
	8′ L x 2′ W	\$30			Wooden Stool	\$30	
QTY	Skirted Tables	Price	Total		Easel	\$20	
	4' L x 2' W	\$65			Wastebasket	\$15	
	6′ L x 2′ W	\$70			24" Round Table	\$15	
	8′ L x 2′ W	\$75			36" Round Table	\$30	
	4th Side Draped	\$25			48" Round Table	\$45	
QTY	42" High Tables – No Skir	t Price	Total		60" Round Table	\$50	
	4' L x 2' W	\$55			24" x 42" Cocktail Round	\$20	
	6′ L x 2′ W 8′ L x 2′ W	\$60 \$65			Cocktail Round Linen (black or white only)	\$16	
QTY	42" High Tables – Skirted	•	Total	QTY	Additional Curtains	Price	Total
	4′ L x 2′ W	\$80			3' Curtains	\$30	
	6′ L x 2′ W	\$85			8' Curtains	\$30	
	8' L x 2' W	\$90			2 2 200 200 10 2	700	
	4th Side Draped	\$25					
Please Select Skirt Color (height noted): Please Select Addt'l Curtain Color:							
	Black 30" 42"	Burgundy	30" 42	?"	☐ Beige ☐ Red		
	Blue 30" 42"	Orange	30" 42	?"	☐ Black ☐ Gold		
	Red 30" 42"	Gray	30" 42	?"	☐ Blue ☐ Green		
	White 30" 42" [Navy [30"		☐ Brown ☐ Purple		
_	Teal 30" 42"		30"		Yellow Burgundy		
		Purple	30"		Teal Forest Gr	een	
	Gold 30" 42"				☐ Berry ☐ Navy		
	Plum 30" 42"				White Carolina I	Blue	
Email: prx@prexposition.com 96A Shop Grove Drive Columbia, SC 29209 Fax: 803-926-5500							



FREIGHT FAQs

1. Where do I ship my show material?

PRX Exposition Services
 196A Shop Grove Drive
 Columbia, SC 29209

2. When does my freight need to arrive at PRX Exposition Services?

- All freight and show materials need to arrive 7-14 days prior to show date. If freight or show materials cannot arrive by the specified date, then your company may incur additional charges.
- If your freight is not in by the deadline, it can be refused by warehouse personnel and may not make it to the show.

3. Where will my freight be located when I arrive to the show?

- If you have already paid for PRX to handle your freight, your freight will be in your booth waiting for you.
- If you have yet to pay for freight handling, you will need to see the PRX representative at the show to pay for your freight handling charges.

4. How Should I label my freight?

 PRX recommends that ALL show material be marked with the shipping labels provided in your exhibitor kit. Freight not marked properly may get lost or delayed.

5. What should I do with my freight after the show?

- Once your show is over, pack up your freight and place the outbound labels with the freight company that your company has chosen to ship with (completely filled out) on top of your freight. A PRX representative will be onsite to collect your freight and answer any questions you may have.
- We will have extra UPS and FedEx ground shipping labels available upon request if needed.

6. When will you ship out my freight and when can I schedule a pick up at your warehouse?

- We will ship out your freight with the designated shipper the next business day.
- We ask that you schedule your freight pickups the next business day as well.
- Our warehouse hours are: Monday-Friday, 8am-5pm.

7. What is included in my freight handling charges?

- Your charges include, but are not limited to:
 - Receiving and storing your show freight at our warehouse.
 - Your show freight and materials delivered to your booth at setup.
 - Collecting your freight after your show and shipping it out for you.



FREIGHT SERVICE TERMS & CONDITIONS

PLEASE SIGN & RETURN – KEEP A COPY OF THIS FORM FOR YOUR RECORDS

TERMS & CONDITIONS

- 1. RATES ARE \$75 PER 100LBS (CWT) & IT IS A MINIMUM CHARGE OF \$150.00. THE FOLLOWING ARE ADDITIONAL CHARGES & ARE \$15 EACH. THEY INCLUDE: TAPING, STRAPPING, SHRINK WRAPPING, LABELING FREIGHT AND FILLING OUT ANY TYPE OF FREIGHT FORMS FOR EXHIBITORS.
- 2. SHIPMENTS BY WHATEVER MEANS OF TRANSPORTATION MUST BE PREPAID. COLLECT SHIPMENTS WILL NOT BE ACCEPTED. PRX WILL NOT BE RESPONSIBLE FOR PAYING ANY FREIGHT CHARGES FROM OTHER FREIGHT COMPANIES REGARDING YOUR FREIGHT, UNLESS PREVIOUSLY AGREED UPON WITH VENDOR.
- 3. SHIPMENTS CAN BE RECEIVED AT THE WAREHOUSE TWO WEEKS PRIOR TO THE SHOW DATE. THESE SERVICES INCLUDE RECEIVING YOUR DRAYAGE AT OUR WAREHOUSE, UNLOADING FROM MOTOR CARRIER, STORAGE AT OUR WAREHOUSE, DELIVERY FROM OUR WAREHOUSE TO THE SHOW SITE, EMPTY CRATE STORAGE, DELIVERY OF CRATES TO & FROM BOOTH, DELIVERY TO DESIGNATED OUTBOUND SHIPPING COMPANY.
- 4. Freight delivered to warehouse after the deadline date will be refused.
- 5. PLEASE USE THE SHIPPING LABELS PROVIDED ON THE NEXT PAGE FOR INBOUND SHIPMENTS.
- 6. All shipments should be insured by the Exhibitor/Company from the time it leaves his or her firm, until it is returned from the show.
- 7. PRX WILL NOT BE RESPONSIBLE FOR CONCEALED DAMAGE, MATERIAL INADEQUATELY PACKED OR FOR DAMAGE TO UN-CRATED, UN-SKIDDED OR LOOSE MATERIALS, DAMAGE OR LOSS FROM ANY CAUSE AT ANY TIME AFTER DELIVERY TO THE EXHIBITORS BOOTH AND AFTER IT IS SHIPPED OUT TO ITS NEXT DESTINATION.
- 8. Payment for freight handling must be paid in advance of the show. PRX reserves the right to hold the freight until payment is received in full.
- 9. PLEASE MAKE SURE THAT YOUR BILL OF LADING OR SHIPPING LABELS ARE LABELED CORRECTLY TO ENSURE A FAST RETURN OF YOUR FREIGHT TO ITS NEXT DESTINATION. IT IS THE EXHIBITORS SOLE RESPONSIBILITY TO LABEL EACH PIECE OF OUTBOUND SHIPMENTS AND SUBMIT TO PRX. BILL OF LADING COVERING EACH OUTBOUND SHIPMENT MUST BE COMPLETED BEFORE DRAYAGE CAN BE PICKED UP.
- 10. BILL OF LADING FOR OUTBOUND DRAYAGE WILL BE AVAILABLE AT THE END OF THE SHOW UPON REQUEST.

96A Shop Grove Drive

Email: prx@prexposition.com

SIGNATURE:	
_	I Agree To The Terms & Conditions Above

Columbia, SC 29209

• Fax: 803-926-5500



DO NOT DELAY

EXHIBITOR NAME

C/O: PR Exposition Services 196A Shop Grove Drive Columbia, SC 29209

WAREHOUSE

EVENT:

BOOTH NO: _____ NO. ____ OF ____ PCS



DO NOT DELAY

EXHIBITOR NAME

C/O: PR Exposition Services 196A Shop Grove Drive Columbia, SC 29209

WAREHOUSE

EVENT: _____

BOOTH NO: _____ NO. ____ OF ____ PCS



DO NOT DELAY

EXHIBITOR NAME

C/O: **PR Exposition Services** 196A Shop Grove Drive Columbia, SC 29209

WAREHOUSE

EVENT:			
BOOTH NO:	NO	_ OF	PCS



DO NOT DELAY

EXHIBITOR NAME

C/O: **PR Exposition Services** 196A Shop Grove Drive Columbia, SC 29209

WAREHOUSE

EVENT: _____

BOOTH NO: _____ NO. ___ OF ___ PCS

Email: prx@prexposition.com 96A Shop Grove Drive

Columbia, SC 29209

• Fax: 803-926-5500



INBOUND FREIGHT SERVICE FORM

PLEASE RETURN THIS FORM TO PRX WITH PAYMENT

Event Date: April 27-30, 2017		
Event Name: SC Dental Association Annual Session		
Company Name:		
Booth #:		
Representative:		
Phone #:	Email:	
Address:		
City, State, Zip:		
Freight Carrier:		
Number of Pieces:	Total Combined Weight:	
Date Shipped:		



OUTBOUND FREIGHT SERVICE FORM

TERMS & CONDITIONS

It is the exhibitor's responsibility to call your carrier of choice to schedule a pick up time & date. If your carrier is unable to pick up your freight 3 days after the show end date, you can be subject to storage fees. Storage fees are \$12.00 per CWT per week starting 3 days after the show ends. If PRX handled your inbound freight & the exhibitor decided to use another carrier to pick up at the show site, it is the exhibitor's responsibility to inform PRX prior to leaving the show site. PRX will not be held responsible for any missing or damaged freight not being picked up by PRX. If you have chosen UPS or FedEx Ground, PRX will deliver your outbound freight to the designated carrier the next business day.

Exhibitor:			
Account Numb	er (with your Carrier):		
	Ship To: (Destination)		
To:			
Address:			
C/O:			
DI			
Email:			
Qty	Description of Contents	Weight	



CREDIT CARD FORM

Please complete this form if you are using our services. This will protect your exhibiting representative from being responsible for personally covering any additional charge that may be incurred at the event. Credit will be issued only if the form is returned prior to the show. No services can be provided without advance payment in full or completion of this credit card form. Credit Information is required for additional services, rentals ordered at show site or any freight handling services. At the conclusion of your show, a receipt will be sent to you reflecting all charges and payments.

Event: SC Dental Association Annual Sess	ion
Company Name:	
Billing Address:	
City, State, Zip:	
Representative:	
Phone #: Email	
Please Check Ca	ard Type:
☐ Master Card ☐ Visa ☐ Ame *PLEASE NOTE: Local sales tax will	rican Express Discover
Name on Card:	
Card Number:	
Expiration: C	VV Code:
Signature:	