



3334 West Penn Street
Philadelphia, PA 19129

215 510 3773 PHONE
888 844 8275 FAX
info@positiveid-bt.com

WWW.POSITIVEID-BT.COM

I&D Work Request Form

REQUEST SUBMITTED BY:

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: (_____) _____ - _____
Fax: (_____) _____ - _____ Cell: (_____) _____ - _____
Email: _____

Date: _____

PO #: _____

EXHIBIT INFORMATION

Exhibitor Name: _____ Booth #: _____
Booth Size: _____ x _____ (configuration) Manufacturer: _____
Description: _____

REQUIRED

Carpet: (must choose one)

- Rent*
 Own

A/V Equipment: (must choose one)

- Rent*
 Own

Reference Images: (must submit all)

- CAD Drawing(s) Photograph(s)**
 Color Rendering(s)

*Positive ID offers Carpet and A/V Equipment rental services. Contact us for details.

**Photographs may not exist for newly-manufactured exhibits

SHOW INFORMATION

Show Name: _____ Location: _____
Installation Date(s) & Time(s): _____
Dismantlement Date(s) & Time(s): _____
Contact at Show: _____ Cell: (_____) _____ - _____
Emergency Contact(s): _____ Cell: (_____) _____ - _____
_____ Cell: (_____) _____ - _____
_____ Cell: (_____) _____ - _____

DECORATOR

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ - _____
Fax: (_____) _____ - _____

SHOW MANAGEMENT

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ - _____
Fax: (_____) _____ - _____

continued on back...

INBOUND SHIPPING INFORMATION

REQUIRED

Ship Date: _____ Direct To Show Advanced Warehouse

C/O: _____

Address: _____

City: _____ State: _____ Zip: _____

All Inbound and Outbound Shipping Information listed below may not be available at the time of this request, but WILL be required 3-5 days before the scheduled install date

Carrier: _____ Phone: (_____) _____ - _____

Tracking #: _____

Expected Date of Arrival: _____ Expected Time of Freight: _____

Proof of Delivery Date: _____ Proof of Delivery Signature: _____

Confirmed Freight By: _____

Freight Description & Piece Count: _____

OUTBOUND SHIPPING INFORMATION

Carrier: _____ Phone: (_____) _____ - _____

Carrier Pick-Up Arranged: No Yes If Yes, Date & Time: _____

Service Type: _____ PRO #: _____
(Ground, Air, etc.)

Shipping Address:

City: _____ State: _____ Zip: _____

Billing Address:

City: _____ State: _____ Zip: _____

SERVICE ORDER FORMS & SETUP INSTRUCTIONS CHECKLIST

All Forms and Approved Setup Instructions are required 3 days before the scheduled install date

- EAC Form
- Electrical Order Form
- Carpet Order Form
- Telecom. & Internet/Network Order Form
- Computer & Audio/Visual Order Form
- Floral Order Form
- Furniture Order Form
- Approved Booth Orientation
- Approved Electrical Layout
- Approved CAD Drawing(s)
- Approved Color Rendering(s)
- Approved Photograph(s) of Constructed Exhibit**
- Approved Placement of Graphics
- Approved Placement of Lights & Shelving



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