BOOTH CLEANING SERVICE ORDER FORM
INNOVATIONS 2024

HERITAGE™

exhibitor.services@heritagesvs.com

1-800-360-4323

Fax 314-534-8050

Order online at: heritagesvs.com/ordering

Discount Deadline:
4/3/2024

Discount prices only apply to orders received with full payment by the discount deadline date listed on the general information page. All charges for equipment and/or services are payable in advance or when placing order at show site. Orders will not be processed without payment. For your convenience, MasterCard, American Express, Visa and Discover will be accepted.

INDIVIDUAL CLEANING FOR YOUR BOOTH MAY BE ORDERED BY FILLING IN INFORMATION BELOW.
CHARGES BASED UPON GROSS EXHIBIT BOOTH AREA. (100 SQ. FT. MINIMUM)

EXCESS TRASH WILL BE SUBJECT TO AN ADDITIONAL FEE FOR DISMANTLING AND DISPOSAL AT MARKET RATE

Carpet Cleaning

Item	Total # of Days		Total # Sq. Ft.		Standard Rate		Total
L150 Vacuuming before initial opening of Exhibit and DAILY thereafter, including emptying of waste baskets nightly	_____	x	_____	x	$0.45	=	_____
Vacuuming ONCE before initial opening of Exhibit	1	x	_____	x	$0.45	=	_____
					SUBTOTAL		_____

Exhibit Cleaning

Item	Total # of Days		Total # Sq. Ft.		Standard Rate		Total
L200 Cleaning and dusting of display background and furnishings before initial opening of Exhibit and DAILY thereafter	_____	x	_____	x	$0.55	=	_____
Cleaning and dusting of display background and furnishings ONCE before initial opening of Exhibit	1	x	_____	x	$0.55	=	_____
					SUBTOTAL		_____

Porter Service

Item	Total # of Days		Total # Hours		Standard Rate		Total
L220 Includes emptying of wastebaskets and policing of your exhibit at two-hour intervals during show hours (4 hour minimum per day)	_____	x	_____	x	$50.65	=	_____
Requested Time(s) for Porter Service	_____						
	_____						

Special Instructions: _____

Please see the Terms and Conditions page for full explanation of our policy on cancellations and changes.

Method of Payment & Credit Card Authorization Form REQUIRED to be submitted with this form.

SUBTOTAL $ _____
TOTAL DUE $ _____

Exhibiting Company _____

Contact Name _____   Booth# _____

Phone # _____   Email _____

Please fax or email this form promptly to HERITAGE using the information at the top of the page - retain one copy for your files.