

Northeast Decorating & Exhibit Services
 3360 Milton Avenue
 Syracuse NY 13219
 Phone: 315- 471- 9989
Fax: 315- 471- 0237
Email: suzi@nede.net

Syracuse Motorama
 COP Building-NYS Fairgrounds
 March 23 & 24, 2019

Equipment Rental Order Form

NOTE: ORDERS MUST BE RECEIVED BY MARCH 21, 2018

JOB: 3767

		<u>AMOUNT</u>
<u>Masking Drape- CHOOSE: BLACK, RED, OR, BLACK & RED COMBO</u>		
_____ 3' High Side Rail Masking Drape - Per Linear Foot	\$	1.50 _____
_____ 8' High Back Drop Masking Drape – Per Linear Foot		3.00 _____
<u>Wood Display Tables</u>		
_____ 4'x 24" Table (Plain, w/ Vinyl Topping Only)	\$	16.00 _____
_____ 6'x 24" Table " " "		17.00 _____
_____ 8'x 24" Table " " "		18.00 _____
_____ 6'x 30" Table " " "		19.00 _____
_____ 8'x 30" Table " " "		20.00 _____
_____ Extension Legs (ONLY) to raise rectangle tables to 40" High- Set of 4		5.00 _____
_____ 30" Round Cafe Table (30"High OR 40" High- CIRCLE HEIGHT CHOICE)		16.00 _____
<u>Table Skirting</u> Colors: (Show Colors)		
_____ 30"High Skirting	\$	20.00 _____
_____ 40"High Skirting (MUST also order Extension Legs above)		25.00 _____
<u>Chairs</u>		
_____ Folding Chair (White OR Gray)	\$	6.00 _____
_____ Padded Chair		8.50 _____
_____ Bar Stool (Econo-Padded seat, no back)		25.00 _____
_____ Bar Stool (Deluxe-Padded back & seat)		35.00 _____
<u>Carpeting-PLEASE CIRCLE COLOR CHOICE **Facility is NOT Carpeted</u>		
_____ 10' x 10' (Blue Red Gray Black Burgundy)	\$	45.00 _____
_____ 10' x 20' " " " " "		80.00 _____
_____ <u>Vacuum Service each morning of Event</u>		.05 sq. ft. _____ per day
<u>Miscellaneous</u>		
_____ Floodlight Unit (2-150 watt floods on 8' upright pole)		25.00 _____
_____ Tripod Easel		20.00 _____

Payment Policy: FULL PAYMENT MUST ACCOMPANY THIS PRE-ORDER
 All material to remain the property of Northeast Decorating.

Sub Total: _____
 8.00% Tax: + _____
 Total Due: _____

****** AREA BELOW MUST BE COMPLETELY FILLED IN**

BOOTH # _____

Name: _____
 Company: _____
 Address: _____
 City, State, Zip: _____

EMAIL: _____
PHONE: () _____
FAX: () _____

WE REQUIRE NAME ON CREDIT CARD
&COMPLETE ADDRESS FROM CC STATEMENT

() Visa/MC/AMX# _____ Exp.Date _____ CVV Code _____