

EYE BEAM EVENT SERVICES

2611 W. 5th Avenue, Eugene, OR 97402

PH: (541) 726-8803 • Fax: (541) 726-3273 • rentals@eyebeameventservices.com

TRADE SHOW EQUIPMENT ADVANCE ORDER FORM – 2024 TRADE SHOWS

*REQUIRED

(Please Print)

*Event: _____ * Event Date: _____ *Booth Number: _____

* Your Name: _____

* Company Name: _____ Company Address: _____

* Phone: _____ Fax: _____ * Email: _____

BOOTH CARPET (Grey)	PRICE	AFTER DEADLINE	QTY	COLOR	PRICE
10'x10'	\$60.00	\$75.00	_____	_____	_____
10'x20'	\$100.00	\$130.00	_____	_____	_____

(Additional Carpet Sizes Available, Call for Details)

BOOTH EQUIPMENT	PRICE	AFTER DEADLINE	QTY (EACH SIZE)	QTY(TOTAL)	PRICE
RECTANGULAR TABLES (No Linen or Skirt)	\$30.00	\$40.00	<input type="checkbox"/> 6FT _____ <input type="checkbox"/> 8FT _____	_____	_____

SKIRTED TABLE - Black <input type="checkbox"/> White <input type="checkbox"/> (With Table Cover & Skirt)	\$50.00	\$60.00	<input type="checkbox"/> 6FT _____ <input type="checkbox"/> 8FT _____	_____	_____
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COUNTER HEIGHT TABLE (Black Skirt with White Table Cover)	\$60.00	\$75.00	<input type="checkbox"/> 6FT _____ <input type="checkbox"/> 8FT _____	_____	_____
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BISTRO TABLE	\$20.00	\$25.00	<input type="checkbox"/> STANDARD <input type="checkbox"/> TALL	_____	_____
BISTRO TABLE STRETCH COVER	\$ 15.00	\$20.00	<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE	_____	_____
CHAIRS	\$ 4.00	\$ 6.00		_____	_____
BISTRO CHAIRS	\$40.00	\$52.00		_____	_____
TRASH CANS	\$ 2.00	\$ 3.00		_____	_____
EASEL	\$ 10.00	\$ 15.00		_____	_____

(Additional Equipment Available Upon Request)

TOTAL DUE: _____

All orders must be placed using this form and **must be received by Eye Beam 5 Days prior to event date. Orders received after deadline will be charged accordingly.** Eye Beam cannot guarantee equipment availability on orders not placed in advance.

To ensure proper processing Fax completed Order Form to: (541) 726-3273

Or you may e-mail completed form to: rentals@eyebeameventservices.com

CREDIT CARD INFO (Check One) VISA MASTERCARD DISCOVER (We Do Not Accept AMX)

NAME ON CARD: _____ CARD#: _____ EXP DATE: _____

CC CODE (Back of Card): _____ ZIP CODE: _____ SIGNATURE: _____