

F R E E M A N

5040 West Roosevelt Road
Chicago, Illinois 60644-1436
(773) 473-7080 • Fax (773) 379-9879
Email: FreemanChicagoES@freemanco.com

DISCOUNT PRICE
DEADLINE DATE
OCTOBER 17, 2007

PLEASE INCLUDE THIS FORM
WITH YOUR ORDER

C.I.R.O.B.E.

October 26-28, 2007 • Hilton Chicago

NAME OF SHOW: _____

COMPANY NAME: _____ BOOTH #: _____

ADDRESS: _____ BOOTH SIZE: X

CITY/STATE/ZIP _____ CUSTOMER # _____

PHONE #: _____ EXT.: _____ FAX# : _____

SIGNATURE: _____ PRINT NAME: _____

CONTACTS E-MAIL: _____

E-MAIL FOR INVOICE: _____ CHECK BOX IF YOU ARE A NEW FREEMAN CUSTOMER

Invoices will be sent by email. Please provide email address of the person who reconciles your invoices if different from contact's email.

METHOD OF PAYMENT

YOUR SIGNATURE BELOW DENOTES ACCEPTANCE OF ALL TERMS AND CONDITIONS INCLUDED IN YOUR SERVICE MANUAL.

COMPANY CHECK

Please make check payable to: Freeman. Checks must be in U.S. funds drawn on a U.S. or Canadian bank. ("U.S. FUNDS" MUST BE PRE-PRINTED on Canadian checks.)

Please reference (189970) on your remittance.

BANK TRANSFER

Bank Transfer to Bank of America, N.A.; Dallas, TX 75202

Wire Transfer

ABA#: 026009593 ACCT #1252039192 Freeman

International Wire Transfer

Swift Code: BOFAUS3N ACCT #1252039192 Freeman

ACHE Direct Deposit

ABA # 111000012 ACCT# 1252039192 Freeman

Please reference Name of Show & Booth Number so we may properly credit your account.

NOTE: Customers are responsible for any bank processing fees.

CREDIT CARD

For your convenience, we will use this authorization to charge your credit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative. These charges may include all Freeman companies, or any charges which Freeman may be obligated to pay on behalf of Exhibitor, including without limitation, any shipping charges. Please complete the information requested below:

- AMERICAN EXPRESS DISCOVER MASTERCARD VISA DINERS CLUB

Account No.: _____ Exp. Date: _____

Personal Credit Card Company Credit Card

Cardholder Name: (Print) _____ Signature: _____

Cardholder Billing Address: _____

City/State/Zip: _____

ENTER TOTALS HERE

INSTALLATION LABOR	DISMANTLE LABOR	MATERIAL HANDLING	ELECTRICAL/ PLUMBING	TELEPHONE	INTERNET ACCESS	GRAND TOTAL

- Remember to order in advance to save time and money. You may place your order by phone, fax, mail, or use our online ordering service at: www.myfreemanonline.com
- Orders received without payment or after the discount deadline date will be charged at the standard price.
- Copies of invoices may be picked up from the Service Desk prior to show closing.
- If you have questions or need assistance with any items not listed, please call and ask for your Exhibitor Sales Representative.

TELL US WHAT YOU THINK!

Freeman is committed to providing great customer service. To help us serve you more effectively in the future, please visit the URL address below upon the completion of your show to provide feedback. Your input will provide the insight needed to ensure that our customer service is in line with your expectations.

<http://totalshow.customersight.com/?189970>

Freeman method of payment