



<b>Event Name</b>		<b>Start Date</b>	
		<b>End Date</b>	

**GENERAL SERVICES CONTRACTOR FACT SHEET**

**GENERAL INFORMATION**

Contracted Space:		Decorator Name:	
Acct Exec:		Email:	
Phone #:	Cell #:	Fax #:	
Convention Services Manager:		On-Site Foreman:	
On-Site Freight Foreman:		On-Site Service Desk Supervisor:	

**REGISTRATION**

Registration areas are subject to TCC and Fire Marshal approval. Move-In/Out of Registration areas subject to TCC approval.

Attendee Registration		Exhibitor Registration	
Location:		Location:	
Move In Date	Move-In Time	Move In Date	Move-In Time
Select a Date	AM	Select a Date	AM
Electrical Requirements:		# of Lighted Counters:	

**TIME SCHEDULE**

Please indicate *beginning AND end* times for all categories.

Decorator Move-In			Exhibitor Move-In		
Date	Start Time	End Time	Date	Start Time	End Time
Select a Date	AM	AM	Select a Date	AM	AM
Select a Date	AM	AM	Select a Date	AM	AM
Select a Date	AM	AM	Select a Date	AM	AM
Select a Date	AM	AM	Select a Date	AM	AM

Aisle Carpeting Installation			Aisle Carpeting Removal		
Date	Start Time	End Time	Date	Start Time	End Time
Select a Date	AM	AM	Select a Date	AM	AM
Select a Date	AM	AM	Select a Date	AM	AM

Please select one:  Wall-to-Wall Carpet  Normal Booth and Aisle Carpeting

Decorator Access on Show Days			Exhibitor Access on Show Days		
Date	Start Time	End Time	Date	Start Time	End Time
Select a Date	AM	AM	Select a Date	AM	AM
Select a Date	AM	AM	Select a Date	AM	AM
Select a Date	AM	AM	Select a Date	AM	AM
Select a Date	AM	AM	Select a Date	AM	AM

<b>Event Name</b>		<b>Start Date</b>	
		<b>End Date</b>	

<b>TIME SCHEDULE</b> (continued)					
<b>Show Hours</b>			<b>Exhibitor Move-Out</b>		
Date	Start Time	End Time	Date	Start Time	End Time
Select a Date	AM	AM	Select a Date	AM	AM
Select a Date	AM	AM	Select a Date	AM	AM
Select a Date	AM	AM	Select a Date	AM	AM
Select a Date	AM	AM	Select a Date	AM	AM

<b>Decorator Move-Out</b>		
Date	Start Time	End Time
Select a Date	AM	AM
Select a Date	AM	AM
Select a Date	AM	AM
Select a Date	AM	AM

**CLEANING**

TCC will provide complimentary cleaning services in all common areas, lobbies and restrooms. All cleaning services related to licensee space is the responsibility of the Licensee or their designated General Services Contractor. Licensed space should be returned in a clean and orderly condition at the conclusion of the License period. Failure to return licensed space in clean and orderly condition may result in additional cleaning charges being assessed on the final bill.

<b>SERVICE DESK</b>		
Please forward two copies of the Exhibitor Kit to TCC (all forms included) and forward one copy of the Exhibitor List. Provide floor plan for exact placements of Service Desk, Entrance Units, etc.		
Service Desk Location:	Set-Up Date: Select a Date	Set-Up Time: AM
<b>Contact TCC Exhibitor Services at 813-274-7761 to coordinate &amp; pay for the following:</b>		
Electrical: Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephones: Yes <input type="checkbox"/> No <input type="checkbox"/>	Internet: Yes <input type="checkbox"/> No <input type="checkbox"/>

**RIGGING**

Rigging of aisle signs, booth signs, banners or anything attached to the building is exclusive to Tampa Convention Center. For questions please contact Shawn Bier with Encore at (813) 898-1371 or shawn.bier@encore-us.com.

<b>Event Name</b>		<b>Start Date</b>	
		<b>End Date</b>	

**MISCELLANEOUS**

Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Targeted or Early Exhibitor Move-In</b> - If yes, include a complete list of company names, dates & times allowed.					
Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Special Permits Required</b> - Covered exhibits over 100 sq. ft., multi-level, cooking, alcohol, tents, etc.					
Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Grand Opening Activities</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Heavy Freight Event</b> – Provide Expected Weight:					
Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Marshalling Yard</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Early drop-off of trailers</b> - If yes, provide dates, times & # of trailers below. Approval must be obtained in advance.					
Date: Select a Date	Time: AM	#:	Date: Select a Date	Time: AM	#:
Date: Select a Date	Time: AM	#:	Date: Select a Date	Time: AM	#:
Date: Select a Date	Time: AM	#:	Date: Select a Date	Time: AM	#:
Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Heavy Equipment or Vehicle Display</b> - If yes, provide a complete list of equipment & weights.					
<b>Subcontractor Information</b> - List company name and responsibilities.					
Name:			Responsibilities:		
Name:			Responsibilities:		
Name:			Responsibilities:		