

SIGN REQUEST ORDER FORM

Please keep in mind when you are making your sign requests that we are limited to the number of complimentary signs provided by GES by the **DUE DATE**. **Signage submitted late may be charged to your budget.** **Use one page for EACH sign**; please send a filled in form or sample file for each sign specification to: ghosh@pittcon.org

--- DEFAULT FIELDS MAY BE TYPED OVER OR UN-CHECKED---

Click on a field to fill it in. You may TAB from field to field - when completed, use "Save as" your "order name", close -- reuse the original form for more.

Management Order #: (AV Committee Use Only) AV-	DEADLINE : <u>November 1, 2016</u>
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Date Order Placed:	(fill in)	<u>11/01/2016</u>
Committee:		<u>Registration</u>
Order Submitter:	(fill in)	<u>Shelley Simpson/Fu-mei C. Lin</u>
Submitter Email:	(fill in)	<u>simpson@pittcon.org</u>
Phone Number:	(fill in)	<u>412-825-3220 x218</u>
Deliver to Room / Area:	(fill in)	<u>Registration Area</u>
Day / Date Needed:		<u>Friday, March 3, 2017</u>
Quantity:	(Default)	<u>2</u>
Size	(22" x 28" Usually)	<u>22" X 28"</u>
Layout		<u>Vertical</u>
Single/Double Sided:	(Default)	<u>Single</u>
Substrate:	(Default)	<u>Foam-Core</u>
Background Color:	(Default)	<u>Show Look</u>
Copy Color	(Default)	<u>Show Look</u>
Logo to be Used:	(Default None)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Pittcon® 2017 <input type="checkbox"/> Other if other, Specify: _____
Proof Required:	(Default YES)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO
Number of easels needed:	(fill in)	<u>2 Easel</u>
Arrows Needed for Sign:	(Default NO)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO Number _____

use "Save as" your "order name", close -- reuse the original form for more.

Sign Description (Type each line of text as it should be displayed):

PRE-REGISTERED BADGE PICK-UP
 BARCODE ONLY

(<-- "BARCODE ONLY" should be larger font to stand out)

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Management Order #: (AV Committee Use Only) AV-	DEADLINE : <u>November 1, 2016</u>
--	---

Date Order Placed: (fill in) 11/01/2016

Committee: Registration

Order Submitter: (fill in) Shelley Simpson/Fu-mei C. Lin

Submitter Email: (fill in) simpson@pittcon.org

Phone Number: (fill in) 412-825-3220 x218

Deliver to Room / Area: (fill in) Registration Area

Day / Date Needed: Friday, March 3, 2017

Quantity: (Default) 1

Size (22" x 28" Usually) 22" X 28"

Layout Vertical

Single/Double Sided: (Default) Single

Substrate: (Default) Foam-Core

Background Color: (Default) Show Look

Copy Color (Default) Show Look

Logo to be Used: (Default None) None Pittcon® 2017 Other
if other, Specify: _____

Proof Required: (Default YES) Yes NO

Number of easels needed: (fill in) 1 Easel

Arrows Needed for Sign: (Default NO) Yes NO Number _____

use "Save as" your "order name", close -- reuse the original form for more.

Sign Description (Type each line of text as it should be displayed):

EXPERIENT
OFFICE

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Date Order Placed:	(fill in)	<u>11/01/2016</u>
Committee:		<u>Registration</u>
Order Submitter:	(fill in)	<u>Shelley Simpson/Fu-mei C. Lin</u>
Submitter Email:	(fill in)	<u>simpson@pittcon.org</u>
Phone Number:	(fill in)	<u>412-825-3220 x218</u>
Deliver to Room / Area:	(fill in)	<u>Registration Area</u>
Day / Date Needed:		<u>Friday, March 3, 2017</u>
Quantity:	(Default)	<u>2</u>
Size	(22" x 28" Usually)	<u>22" X 28"</u>
Layout		<u>Vertical</u>
Single/Double Sided:	(Default)	<u>Double</u>
Substrate:	(Default)	<u>Foam-Core</u>
Background Color:	(Default)	<u>Show Look</u>
Copy Color	(Default)	<u>Show Look</u>
Logo to be Used:	(Default None)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Pittcon® 2017 <input type="checkbox"/> Other if other, Specify: _____
Proof Required:	(Default YES)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO
Number of easels needed:	(fill in)	<u>2 Frames</u>
Arrows Needed for Sign:	(Default NO)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO Number _____

use "Save as" your "order name", close -- reuse the original form for more.

Sign Description (Type each line of text as it should be displayed):

PRE-REGISTERED BADGE PICKUP

INFO NEEDED:
BARCODE or
CONFIRMATION # or
PHOTO ID

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Committee:		<u>Registration</u>
Order Submitter:	(fill in)	<u>Shelley Simpson/Fu-mei C. Lin</u>
Submitter Email:	(fill in)	<u>simpson@pittcon.org</u>
Phone Number:	(fill in)	<u>412-825-3220 x218</u>
Deliver to Room / Area:	(fill in)	<u>Registration Area</u>
Day / Date Needed:		<u>Friday, March 3, 2017</u>
Quantity:	(Default)	<u>2</u>
Size	(22" x 28" Usually)	<u>28" x 44"</u>
Layout		<u>Horizontal</u>
Single/Double Sided:	(Default)	<u>Single</u>
Substrate:	(Default)	<u>Foam-Core</u>
Background Color:	(Default)	<u>Show Look</u>
Copy Color	(Default)	<u>Show Look</u>
Logo to be Used:	(Default None)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Pittcon® 2017 <input type="checkbox"/> Other if other, Specify: _____
Proof Required:	(Default YES)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO
Number of easels needed:	(fill in)	<u>2 Easels</u>
Arrows Needed for Sign:	(Default NO)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO Number _____

use "Save as" your "order name", close -- reuse the original form for more.

Sign Description (Type each line of text as it should be displayed):

REGISTRATION FEES

- Conferee \$325
- Graduate/Undergraduate Student (Student ID Required) \$50
- Expo Only \$100
- One Day (Mon - Wed) \$150
- One Day (Thursday) FREE
- 1st Badge Reprint (Photo ID Required) \$10
- 2nd Badge Reprint and beyond (Photo ID Required) \$50

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Committee:		<u>Registration</u>
Order Submitter:	(fill in)	<u>Shelley Simpson/Fu-mei C. Lin</u>
Submitter Email:	(fill in)	<u>simpson@pittcon.org</u>
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Layout		<u>Horizontal</u>
Single/Double Sided:	(Default)	<u>Single</u>
Substrate:	(Default)	<u>Foam-Core</u>
Background Color:	(Default)	<u>Show Look</u>
Copy Color	(Default)	<u>Show Look</u>
Logo to be Used:	(Default None)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Pittcon® 2017 <input type="checkbox"/> Other if other, Specify: _____
Proof Required:	(Default YES)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO
Number of easels needed:	(fill in)	<u>2 Easels</u>
Arrows Needed for Sign:	(Default NO)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO Number _____

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Sign Description (Type each line of text as it should be displayed):

2017 REGISTRATION HOURS

FRIDAY	3-MAR	8:00 AM – 5:00 PM (Friday Hours-- EXHIBITOR Badge Pickup ONLY)
SATURDAY	4-MAR	7:30 AM – 4:00 PM
SUNDAY	5-MAR	7:30 AM – 7:30 PM
MONDAY	6-MAR	7:30 AM – 5:00 PM
TUESDAY	7-MAR	7:30 AM – 5:00 PM
WEDNESDAY	8-MAR	7:30 AM – 5:00 PM
THURSDAY	9-MAR	7:30 AM – 2:00 PM

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Management Order #: (AV Committee Use Only) AV-	DEADLINE : <u>November 1, 2016</u>
--	---

Date Order Placed: (fill in) 8/26/2016

Committee: Registration

Order Submitter: (fill in) Shelley Simpson/Fu-mei C. Lin

Submitter Email: (fill in) simpson@pittcon.org

Phone Number: (fill in) 412-825-3220 x218

Deliver to Room / Area: (fill in) Registration Area

Day / Date Needed: Friday, March 3, 2017

Quantity: (Default) 1

Size (22" x 28" Usually) 22" X 28"

Layout Vertical

Single/Double Sided: (Default) Single

Substrate: (Default) Foam-Core

Background Color: (Default) Show Look

Copy Color (Default) Show Look

Logo to be Used: (Default None) None Pittcon® 2017 Other
if other, Specify: _____

Proof Required: (Default YES) Yes NO

Number of easels needed: (fill in) 1 Easel

Arrows Needed for Sign: (Default NO) Yes NO Number _____

use "Save as" your "order name", close -- reuse the original form for more.

Sign Description (Type each line of text as it should be displayed):

PITTCON 2017
REGISTRATION OFFICE

FU-MEI C. LIN, CHAIR

JOSEPH GRABOWSKI, CHAIR-ELECT

SHELLEY SIMPSON-FORGET, REGISTRATION COORDINATOR

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Size	(22" x 28" Usually)	<u>22" X 28"</u>
Layout		<u>Vertical</u>
Single/Double Sided:	(Default)	<u>Single</u>
Substrate:	(Default)	<u>Foam-Core</u>
Background Color:	(Default)	<u>Show Look</u>
Copy Color	(Default)	<u>Show Look</u>
Logo to be Used:	(Default None)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Pittcon® 2017 <input type="checkbox"/> Other if other, Specify: _____
Proof Required:	(Default YES)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO
Number of easels needed:	(fill in)	<u>2 Easels</u>
Arrows Needed for Sign:	(Default NO)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO Number _____

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Sign Description (Type each line of text as it should be displayed):

**DON'T FORGET TO
 PICK UP YOUR
 COMPLIMENTARY
 PITTCON 2017
 SOUVENIR BAG
 AT BOOTHS 1855 and 5252**