



25 South Tenth Street  
 Harrisburg, PA 17101-2894  
 (717) 236-5075 (800) 421-5075  
 FAX (717) 236-9082

## Labor Order Form

Straight Time: Monday - Friday 8:00 a.m. - 4:30 p.m.  
 Overtime: Monday - Friday 4:30 p.m. - 8:00 a.m.  
 All Day Saturday, Sunday & Holidays.

RATES:	Straight Time	Overtime
Carpenter	\$47.50	\$71.25
Supervisor	\$57.50	\$86.25
5,000 lb. Forklift	\$115.00	\$155.00

- **ONE HOUR MINIMUM PER PERSON** - Labor thereafter is charged in 1/2 hour increments per person.
- Labor cancellations must be received prior to move-in and move-out respectively. Failure to notify Rileighs will result in a one-hour minimum charge per person requested.
- Forklift is for handling, positioning of items within the booth. Please do not order a forklift to unload your materials from a vehicle. See the Drayage Service Order Form.
- Supervision is required for all exhibit installation and dismantling. Please indicate on the form below if exhibitor or Rileighs will furnish supervision. **Rileighs cannot be responsible for damage resulting from loss, improper installation, improper packing, theft or any other cause.**
- Exhibitor must pick up labor at starting time and return to sign-out labor at completion of the job. If exhibitor fails to pick up labor at the time ordered a one-hour per man no-show charge will be applied. Starting time can only be guaranteed in those instances where labor is ordered for an 8:00 a.m. start.
- Whenever possible labor performed under Rileighs supervision will be done on straight time however, it is not guaranteed.

Description	Date	# of Laborers	Estimated Time	Supervision
Install Labor				
Install Supervisor				
Install 5,000 lb. Forklift				
Dismantle Labor				
Dismantle Supervisor				
Dismantle 5,000 lb. Forklift				

**A CREDIT CARD IS REQUIRED IN ADVANCE FOR ALL LABOR ORDERS.  
 LABOR WILL NOT BE PERFORMED WITHOUT A CREDIT CARD ON FILE.  
 CREDIT CARD INFORMATION MAY BE SUBMITTED ON THE PAYMENT  
 POLICY FORM.**

Name of Show Empire Education Booth No. \_\_\_\_\_  
 Name of Firm \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Authorized by (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_