



**IBM INTERCONNECT 2016**  
**MANDALAY BAY**  
**LAS VEGAS, NV**  
**FEBRUARY 21 - 25**

**WILLWORK INC.**  
23 Norfolk Ave.  
South Easton, MA 02375  
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**ORDER FORM — ACCESSIBLE STORAGE**

**BOOTH NUMBER \_\_\_\_\_**

**Accessible Storage Rate**

Minimum charge per exhibitor is \$ 175.00 for storage of one skid or cage. Each additional skid or cage is an additional \$85.00 Handling charges for pick-up and delivery are as quoted labor rates below. Additional space is available at \$3.00 per square foot for a minimum of 50 square feet increments.

**Shipments to Storage**

ALL SHIPMENTS MUST BE SHIPPED DIRECTLY TO YOUR BOOTH. Arrangements must be made at the Willwork Service Desk to move your storage materials from the booth area to storage. Special color labels from the Willwork Service Desk will be attached to the storage materials before they are removed from the booth.

**NOTE:** Exhibitors wanting to store material/product in access must have a credit card number on file (please see the: Credit Card Authorization Form) prior to services offered. Product will not be accepted for storage unless exhibitor has an exact count of the units to be placed in accessible storage.

**LABOR RATES – To deliver material to and from storage**

*STRAIGHT TIME (One hour minimum per person).....\$99.00 Per Person / Per Hour*  
*(8:00am – 4:30pm Monday – Friday)*

*OVERTIME (One hour minimum per person).....\$155.00 Per Person / Per Hour*

*FORKLIFT (5000 lb. Capacity).....\$259.00 Per Hour*

Minimum charge per delivery in and out of Accessible Storage is one hour per man - plus a ½ hour minimum each time it is accessed during the show. Please label cartons with actual contents to facilitate deliveries of materials to booths.

Estimated storage space needed is \_\_\_\_\_ square feet. Type of product(s) I will be storing is \_\_\_\_\_  
This product will be in \_\_\_\_\_ types of containers and **WILL / WILL NOT** be on skids.  
*(PLEASE CIRCLE ONE)*

The number of containers to be stored will be \_\_\_\_\_. I will require deliveries \_\_\_\_\_ times per day.

|                         |                     |
|-------------------------|---------------------|
| <b>Exhibitor Name:</b>  | <b>Booth #:</b>     |
| <b>Billing Address:</b> | <b>City:</b>        |
| <b>State:</b>           | <b>Zip Code:</b>    |
| <b>Fax #:</b>           | <b>Telephone #:</b> |
| <b>Ordered By:</b>      |                     |