



Order Information

Show: TASC Conference  
 Date: March 1-5, 2023  
 Location: CMCC  
 Contact: Shaun Gaines

Return completed forms to

Chandler Sweat                      Carolina Expo  
 1108 Pineview Dr                      [chandler@carolinaexpo.net](mailto:chandler@carolinaexpo.net)  
 Columbia, SC 29209                      Fax: 803-335-5182

Size	Quantity	Price	Extended Price	Total
<b>30" High Skirted</b>				
4'w x 2'd		\$45.00		
6'w x 2'd		\$50.00		
8'w x 2'd		\$55.00		
<b>42" High Skirted</b>				
4'w x 2'd		\$50.00		
6'w x 2'd		\$55.00		
8'w x 2'd		\$60.00		
<b>30" High Un-skirted</b>				
4'w x 2'd		\$30.00		
6'w x 2'd		\$35.00		
8'w x 2'd		\$40.00		
<b>42" High Un-skirted</b>				
4'w x 2'd		\$35.00		
6'w x 2'd		\$40.00		
8'w x 2'd		\$45.00		
			Amount Due:	

Skirt Colors	
Colors	Yes or No
Blue	
Black	
Grey	

# CAROLINA EXPO

Size	Color	Quantity	Price	Extended Price	Total
8' Tall Drapes (individual Sections)			\$35.00		
	Black				
	Royal				
10x10 Cube			\$50.00		
20X10 Cube			\$100.00		
20X20 Cube			\$150.00		
3' Tall Drapes (individual Sections)			\$20.00		
	Black				
	Royal				
10x10 Cube			\$40.00		
20X10 Cube			\$80.00		
20X20 Cube			\$120.00		

Carpet Color	Booth Sizes	Quantity	Price	Extended Price	Total
Red					
	10' x 10'		\$120.00		
	10' x 20'		\$220.00		
	10' x 30'		\$300.00		
Black					
	10' x 10'		\$120.00		
	10' x 20'		\$220.00		
	10' x 30'		\$300.00		
				Amount Due:	

Added Accessories				
Item	Quantity	Price	Extended Price	Total
Folding Chair		\$10.00		
Counter Height Stool		\$15.00		
			Amount Due:	



Subtotal: \_\_\_\_\_  
 8% Tax: \_\_\_\_\_  
 Total Amount Due: \_\_\_\_\_

Notes:

- Any other Draping or Skirting colors are available upon request // availability.
- Any other Carpet colors are available upon request // availability. Prices per SQFT may vary.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____ CVV: _____	
Cardholder ZIP Code (from credit card billing address): _____	
Total Invoice: \$ _____ 3% CC Surcharge: \$ _____ Amount to be charged: \$ _____	
Description of Charges: _____	
Address: _____ City: _____ State: ____ Zip: _____	
Telephone #: _____ Fax #: _____	
<input type="checkbox"/> Please maintain a copy of this information on file for future events	



By signing this document, I am authorizing Crisp LLC dba Carolina Expo to charge my account for the specified amount shown above, as well as a 3% credit card surcharge. I understand that this card may also be charged for any missing/damaged items or additions made to the event. I acknowledge and fully understand the deposit and cancellation policies of Carolina Expo. In the event that I fail to cancel the reservation/order and obtain cancelation confirmation within the permitted time, I am fully responsible for the charges.

I, \_\_\_\_\_, authorize Crisp LLC to debit my account information listed above for agreed upon charges.

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Customer Signature

Date

Please fax or email this form along with a legible copy of the front and back of the account holder's valid driver's license.