

ACADEMY EXPO, 116 MARION ROAD, CINCINNATI, OH 45215

Phone (513) 772-1898 Fax (513) 322-4473

Original Sewing & Quilt Expo 2026

ADDITIONAL EQUIPMENT ORDER FORM

Sharonville Convention Center – October 15th - October 17th, 2026

1. Complete & fax to (513) 322-4473 or to Cindy's email: critchie@academyexpo.com by the DEADLINE for discounted prices. Academy will email or fax a contract & charge slip to confirm receipt of your order. After the deadline, the higher Standard prices apply and the equipment is limited as indicated below.

PRE-SHOW DISCOUNT DEADLINE to ORDER is Tuesday October 6th, 2026.

2. Your booth space includes Pipe & Drape and an Exhibitor Sign. Use this form to *order additional equipment*.

3. Complete the following area if you want to rent any ADDITIONAL equipment:

EQUIPMENT	Discounted PRICES	QTY	\$ TOTAL	After 10/6 Deadline PRICES
8' x 30" Table, covered & skirted (show colors)	\$60.00	X		\$ 120.00
6' x 30" Table, covered & skirted (show colors)	\$50.00	X		\$ 100.00
6' or 8' TALL Table (40") cover/skirt (show colors)	\$70.00	X		\$ 140.00
30" Round Table with White Linen	\$50.00	X		N/A
30" Round TALL Table with White Linen	\$55.00	X		N/A
Any size, plain Table (Indicate size:)	\$45.00	X		\$ 90.00
Folding Chair	\$10.00	X		\$ 20.00
6' x 18" Table, covered & skirted (show colors)	\$50.00	X		N/A
Vendor Labor - per hour	\$60.00	X		

(Show color skirting is BLACK with a White Linen table cover.)

4. Complete payment information, Credit Card Only. All Credit Cards Accepted:

Name on Card _____
Credit Card Type _____
Card # _____
Card Expiration Date _____ CVV# _____
Card Billing Address, State & Zip _____

Subtotal \$ _____
Tax (7.8%) \$ _____
3.99% CC Fee \$ _____
Total Due \$ _____

5. Complete information, sign & fax this form:

Your Company Name _____
Address _____
City/State/Zip _____
Phone # _____ Fax# _____
Contact Person _____
Email _____
YOUR BOOTH# _____

Signature _____ Date _____

MATERIAL HANDLING / DRAYAGE INSTRUCTIONS & CHECKLIST

- _____ 1. You are responsible for contacting a carrier and scheduling your shipment to us. Shipments are NOT accepted at the show site, unless pre-scheduled with Academy. Drayage charges apply.
- _____ 2. Clearly address each container to: **Academy Expo**
Original Sewing & Quilt Expo-SCC 2026
"Your Name & Booth Number"
116 Marion Road, Cincinnati, OH 45215
Phone (513) 772-1898 Fax (513) 322-4473
- _____ 3. Payment must be made by credit card. All Credit cards accepted.
- _____ 4. Total number of containers (#): _____
- _____ 5. Rates: \$ 1.25 per pound
(Minimum payment required \$50.00 for 1- 40 lbs.)
Total weight of packages shipped to Academy (lbs) : _____
7.8% Sales Tax _____
3.99% Credit Card Convenience Fee _____
Total amount due (\$): _____
- _____ 6. Your Company Name: _____
Company Address: _____
Company City / State / Zipcode: _____
Phone Number: _____
E-MAIL: _____
Fax Number: _____
Contact Person: _____
Your Booth #: _____

_____ 7. **DEADLINE:** **All material must arrive on or before**

Tuesday, October 6th, 2026

Shipments received after the deadline will incur a \$125.00 late fee.

- _____ 8. Academy will store & deliver your container(s) to your booth at the meeting site.
We are not responsible for any unpacking, repackaging, setup or breakdown of materials.
- _____ 9. ***** Affix your carriers PREPAID shipping return labels & our "Return Drayage Form" to your returning packages, then CALL your carrier to schedule a pickup from our warehouse on either Tuesday 10/20 or Wednesday, 10/21.**
- _____ 10. Fax this completed, signed form to # (513) 322-4473 with your credit card information:
CREDIT CARD TYPE _____ CREDIT CARD EXP DATE _____
CREDIT CARD # _____ CVV# _____
NAME as it appears ON CARD _____
BILLING ADDRESS _____
BILLING STATE / ZIP _____

Person responsible for this information and its execution:

Name

Title

Date

Questions? Contact Cindy Ritchie by phone# 513-772-1898 or email: critchie@academyexpo.com

RETURN DRAYAGE FORM

MY COMPANY NAME _____

MY BOOTH # _____

MY RETURN PACKAGES ARE SHIPPING TO:

COMPANY _____

ATTN: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

of boxes returned _____

Approximate total weight _____

Name of Carrier _____

PLEASE attach your completed, **pre-paid shipping labels** to each of the packages you are returning, with **this form** and **call your carrier to schedule** pickup from Academy Expo.

****** Please be sure to complete this form and
attach it, *with your pre-paid shipping labels*,
to your boxes to ensure a prompt return.**

Questions? Contact Cindy Ritchie by phone# 513-772-1898 or email:
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