## **IDDBA 2024 – JUNE 9-11, 2024** GEORGE R. BROWN CONVENTION CENTER



Exhibitor Name:

\_\_\_\_\_ Booth No.\_\_\_

## Please visit www.atlanticshowcases.com to view all cases offered on order form.

			PRICE EACH	TOTAL	TOTAL
TCS Towers:	Circle: 3000K LED OR 6000K LED	Circle: Black or White		ITEMS	
TCS 2020 Tower			\$800.00		
TCS 1639 Tower			\$900.00		
TCS 1651 Tower			\$950.00		
2030 Museum			\$800.00		
2020 Museum			\$800.00		

ELITE CASES	Circle: Black or White	4'	5′	6'		
Elite Full Vision					\$950.00	
Elite Half Vision					\$950.00	
Elite Quarter Vision					\$950.00	
	Full Vision		Half ision	Quarter Vision		
Elite Corner Case – 39" Sq. Only					\$950.00	

CLASSIC CASES	Black Only	4'	5′	,	6'		
Classic Half Vision						\$850.00	
Classic Quarter Vision						\$850.00	
		Half Visio	on C	Quart	er Vision		
Classic Corner Case - 34" Sq. Only						\$850.00	

PREMIUM ALUMIMUM CASES White Only	4'	5′	6'		
Premium Full Vision				\$850.00	
Premium Half Vision				\$850.00	
Premium Quarter Vision				\$850.00	
Premium Corner Cases – 36" Sq.	Quarter Vision Only		\$850.00		

STANDARD CASES Circle: Black or White	4'	5′	6'		
Standard Full Vision				\$750.00	
Standard Half Vision				\$750.00	
Standard Quarter Vision				\$750.00	
Standard Corner Case – 34" Sq. Only	Ha	If Vision Or	nly	\$750.00	
Standard Wall Case				\$1000.00	
Standard See-Thru Case				\$1050.00	
Standard 2020 Tower				\$800.00	
				Subtotal	
	IF O		<b>FTER 5/17</b>	7/24 ADD \$100.00 PER CASE	

6.25% Sales Tax

Email, Fax or Mail orders to: Atlantic Rentals - 301 Essex Road - Tinton Falls, NJ 07753 732-922-8958 - Fax: 732-922-8951 - info@atlanticshowcases.com



Side Wall of Booth

Exhibitor Name:

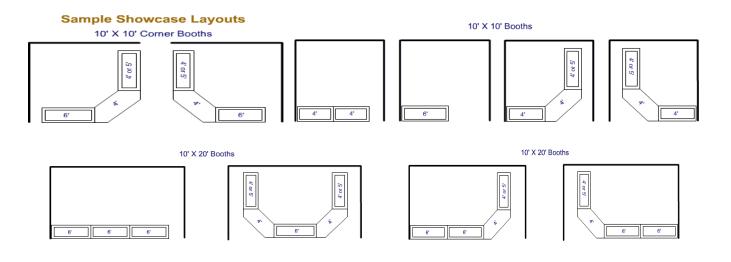
\_Booth Number:\_\_\_\_\_

## **Placement of Showcases**

**Back Wall of Booth** 

Side Wall of Booth

**Booth Opening** 



Submit Orders to: Atlantic Rentals and Sales, Corp. 301 Essex Road ♦ Tinton Falls, NJ 07753 ♦ Phone 732.922.8958 ♦ Fax 732.922.8951



Exhibitor Name:

Booth Number:

## **PAYMENT INFORMATION**

Visa/Mastercard/Discover/American Express

Cardholder's Name Billing Address:	2:
Phone Number:	
Credit Card Numbe	er:CVN:
	CVN
	Total Due:
	Date of Sale:
e	signed by authorized cardholder. Cardholder acknowledges receipt of goods and/or services in shown hereon and agrees to perform the obligation set forth in the Cardholder's agreement with issuer.
Authorized Signature	Date
	DISCLAIMER
Cases are	rented for display purposes only. We do not

warranty the safety thereof. We are not liable for contents, damage or breakage after cases have been delivered.