LA CROSSE CENTER La	Crosse Ce	enter's 2024 E	quipment R	ental Form	LA CROSSE CENTER
ALL PRICES INC	REASE BY 50%	or MORE ON MOVE	IN AND/OR SHOW	V DAYS. PLEASE PR	EORDER.
	Advance Rate	Floor Rate	Advance Rate	Floor Rate	
Quantity Table Size	Cost Un-Skirted	Move-in Day Cost	Cost Skirted	Move-in Day Cost	Table Subtotal
21/2' x 4' x 30"	\$24.00	\$40.00	\$40.00	\$60.00	\$
21/2' x 6' x 30"	\$24.00	\$40.00	\$40.00	\$60.00	\$
21/2' x 8' x 30"	\$24.00	\$40.00	\$40.00	\$60.00	\$
21/2' x 4' x 42"	\$24.00	\$40.00	\$40.00	\$60.00	\$
21/2' x 8' x 42"	\$24.00	\$40.00	\$40.00	\$60.00	\$
Quantity Audio/Visual Days	Price			Move-in Day Cost	A/V Subtotal
DSL Line	= \$200 (1st Day)/\$125 (each day after)		\$300 (1st Day)/\$225 after	\$
Quantity Furniture	Price for each			Move-in Day Cost	Furniture Subtotal
Tall Cocktail Table	\$30.00			\$45.00	\$
High Backed Stools	\$20.00			\$30.00	\$
(^Based on Availability^)					
Quantity Electrical	Cost			Move-in Day Cost	Electrical Subtotal
per 110 volt AC outlet (20 amps)	\$85.00			\$135.00	\$
Extension Cords	\$15.00			\$20.00	\$
Power Strips	\$10.00			\$15.00	\$
Larger amps o	are available, plea	ase call (608) 789-740	0		
Labor Rates	· 1				Labor Subtotal
\$55.00 per person-minimum 1 hour	\$60.00 f	\$60.00 forklift and operator per hour-minimum 1 hour \$50.00 per banner hung f		nner hung from Catwalk	
Set-Up: Number of workersX H	rs. <u> </u>	(\$55.00) = \$		1	
Dismantle: Number of workersX	HrsX Rate ((\$55.00) = \$			
Load - in: Forklift hoursX Rat	re (\$60.00) = \$				
Load - out: Forklift hoursX Ra					Labor Subtotal
Shipment Handling (\$40.00): Receiving c	and transporting to ar	nd from booth = \$			
Banners: Number of Banners X F	Rate (\$50.00)=\$				\$
ALL PRICES	INCREASE BY	50% ON MOVE-IN A	ND/OR SHOW DA	YS. PLEASE PREOR	DER.
Cancellations NOT Refundable within Five d	ays of Show. Please m	ake checks (U.S. currency only	()		
Payable to: La Crosse Center, 300 Harbory	riew Plaza, La Crosse, V	WI 54601			
Email: <u>office@lacrossecenter.com</u>				All Subtotal	\$
Phone: 608-789-7400				5.5 % tax*	\$
				Total Cost	
				lotal Cost	\$
There is a \$35.00 Charge for Returned Checks.				*Tax-exempt certificates must be s	ent with payment*
Name of Show:		Show	Date://	Booth Number:	
Company Name:			Phone Number:	. /	1
Representative Name:		Email:			
Zin Cada. Signatura an Ca					
Zip Code: Signature on Ca		Do not email credit	card payments		
		Payments must be pho	•	•	
	Please mail orig	ginal form with payment	Ettective	May 1, 2024	