

Please Return this Form to:

Pico Art International Pte Ltd

Pico Creative Centre, 20 Kallang Avenue, Singapore 339411

Tel: (65) 6290 5938

Fax: (65) 6290 5902

Attn: Stephen Kong (Mr.)

Email: stephen.kong@pico.com

SERVICE LOCATION PLAN - COMPULSORY

This form must be completed and returned by all Exhibitors. (Please type / write in block letters.)

1. Indicate clearly the location of your utilities such as power outlets, spotlights, water and compressed air on this Form.
2. It is imperative that you complete this Form as it will be used to install your requirements at the correct locations before you arrive on-site.
3. Please ensure that the positions of the lights are on the wall or fascia (unless your booth has an interior structure to which the lights can be attached).
4. If the location plan of any service is not submitted with the order form before the stated deadline, it will be placed at the discretion of the Official Contractor.



Important Note

1. Light boxes are charged accordingly to the number of tubes in each light box, using the light connection or 40W fluorescent tube rate, whichever applicable.
2. If lighting fittings are brought in by the exhibitors for lighting purposes, the lighting connection charges will apply on per bulb/per tube basis.
3. All electrical connection to equipment must be tested and approved by the Organiser's appointed licensed engineer prior to the turning on of the power supply. The Organiser reserves the right to terminate the power supply to any installation which are found dangerous or may cause any disruption to the power supply.

		Left	Back of Booth				Right		
Indicate Adjacent Booth No. in this direction.									Indicate Adjacent Booth No. in this direction.
		Left	Front of Booth				Right		

(Aisle)

Legend (Use only the items applicable):

	SPOTLIGHT		FLUORESCENT LIGHT
<u>SO</u>	SOCKET POINT	F	FLOODLIGHT
E	ELECTICAL SUPPLY (ISOLATOR)	CA	COMPRESSED AIR SUPPLY
W	WATER SUPPLY	D	DRAINAGE

Company name: _____ Booth no.: _____

Address: _____

Tel: _____ Email: _____

Authorised by: _____ Signature: _____ Date: _____