



Event: **Software Developer Convention 2012**

Exhibitor: **Keiser Corporation**

Order Date: **3/11/2012 7:56:34 AM**

Booth: **300**

Order #: **3900**

Type	# Wkrs	Date	Time	# Hrs
Installation Display Labor	1	5/4/2012	7:00 AM	3.00

Install Supervision: Exhibitor Supervised Labor

Name	Date	Start	Stop	Remarks	Total	ST	OT	DT

Materials Used/Needed:

- | | | |
|--------------------------|-------------------|-------|
| <input type="checkbox"/> | Tapes/Expendables | _____ |
| <input type="checkbox"/> | Ladders | _____ |
| <input type="checkbox"/> | Special Tools | _____ |
| <input type="checkbox"/> | Forklift | _____ |
| <input type="checkbox"/> | Pumps/Hoses | _____ |
| <input type="checkbox"/> | Shrink Wrap Skid | _____ |
| <input type="checkbox"/> | Other | _____ |

Notes/Special Instructions:

All equipment/services as indicated on this work order have been satisfactorily delivered/completed.

Verified By: _____
(Please print)

Date: _____

(Signature)



Event: **Software Developer Convention 2012**

Exhibitor: **Keiser Corporation**

Order Date: **3/11/2012 7:56:34 AM**

Booth: **300**

Order #: **3900**

Type	# Wkrs	Date	Time	# Hrs
Dismantle Display Labor	1	5/7/2012	1:00 PM	3.00

Dismantle Supervision: Exhibitor Supervised Labor

Name	Date	Start	Stop	Remarks	Total	ST	OT	DT

Materials Used/Needed:

- | | | |
|--------------------------|-------------------|-------|
| <input type="checkbox"/> | Tapes/Expendables | _____ |
| <input type="checkbox"/> | Ladders | _____ |
| <input type="checkbox"/> | Special Tools | _____ |
| <input type="checkbox"/> | Forklift | _____ |
| <input type="checkbox"/> | Pumps/Hoses | _____ |
| <input type="checkbox"/> | Shrink Wrap Skid | _____ |
| <input type="checkbox"/> | Other | _____ |

Notes/Special Instructions:

All equipment/services as indicated on this work order have been satisfactorily delivered/completed.

Verified By: _____
(Please print)

Date: _____

(Signature)



Event: **Software Developer Convention 2012**

Exhibitor: **Brighton Rehabilitation**

Order Date: **3/11/2012 7:53:05 AM**

Booth: **530**

Order #: **3899**

Type	# Wkrs	Date	Time	# Hrs
Installation Display Labor	1	5/4/2012	8:00 AM	2.00
MES Install Labor Supervision @ 30%				

Name	Date	Start	Stop	Remarks	Total	ST	OT	DT

Materials Used/Needed:

- | | | |
|--------------------------|-------------------|-------|
| <input type="checkbox"/> | Tapes/Expendables | _____ |
| <input type="checkbox"/> | Ladders | _____ |
| <input type="checkbox"/> | Special Tools | _____ |
| <input type="checkbox"/> | Forklift | _____ |
| <input type="checkbox"/> | Pumps/Hoses | _____ |
| <input type="checkbox"/> | Shrink Wrap Skid | _____ |
| <input type="checkbox"/> | Other | _____ |

Notes/Special Instructions:

All equipment/services as indicated on this work order have been satisfactorily delivered/completed.

Verified By: _____
(Please print)

Date: _____

(Signature)



Event: **Software Developer Convention 2012**

Exhibitor: **Brighton Rehabilitation**

Order Date: **3/11/2012 7:53:05 AM**

Booth: **530**

Order #: **3899**

Type	# Wkrs	Date	Time	# Hrs
Dismantle Display Labor	1	5/6/2012	11:00 AM	3.00

MES Dismantle Labor Supervision @ 30%

Name	Date	Start	Stop	Remarks	Total	ST	OT	DT

Materials Used/Needed:

- | | | |
|--------------------------|-------------------|-------|
| <input type="checkbox"/> | Tapes/Expendables | _____ |
| <input type="checkbox"/> | Ladders | _____ |
| <input type="checkbox"/> | Special Tools | _____ |
| <input type="checkbox"/> | Forklift | _____ |
| <input type="checkbox"/> | Pumps/Hoses | _____ |
| <input type="checkbox"/> | Shrink Wrap Skid | _____ |
| <input type="checkbox"/> | Other | _____ |

Notes/Special Instructions:

All equipment/services as indicated on this work order have been satisfactorily delivered/completed.

Verified By: _____
(Please print)

Date: _____

(Signature)



Event: Software Developer Convention 2012

Exhibitor: Corospace

Order Date: 3/11/2012 9:52:37 AM

Booth: 560

Order #: 3903

Type	# Wkrs	Date	Time	# Hrs
Installation Display Labor	2	5/4/2012	10:00 AM	2.00
Contractor Install Labor Supervision @ 30%				

Name	Date	Start	Stop	Remarks	Total	ST	OT	DT

Materials Used/Needed:

- | | | |
|--------------------------|-------------------|-------|
| <input type="checkbox"/> | Tapes/Expendables | _____ |
| <input type="checkbox"/> | Ladders | _____ |
| <input type="checkbox"/> | Special Tools | _____ |
| <input type="checkbox"/> | Forklift | _____ |
| <input type="checkbox"/> | Pumps/Hoses | _____ |
| <input type="checkbox"/> | Shrink Wrap Skid | _____ |
| <input type="checkbox"/> | Other | _____ |

Notes/Special Instructions:

All equipment/services as indicated on this work order have been satisfactorily delivered/completed.

Verified By: _____
(Please print)

Date: _____

(Signature)