



**NAIAS STAGING/RISERS ORDER FORM**

This order form is to request staging/risers from Cobo Center for meeting rooms or press conferences associated with the North American International Auto Show. Forms should be submitted **with payment at least 10 business days prior** to the date of service. Any form received less than 10 business days prior to the date of service will have an additional **25% charged added** to the order. **An accurate diagram of room and riser set-up must be sent with this order form. Rooms or risers will not be set without a diagram.** CAD drawings of all meeting rooms are available at [www.cobocenter.com](http://www.cobocenter.com). Forms should be submitted with payment to one of the following:

**E-Mail:** orders@cobocenter.com

**Mail:** Cobo Center/SMG  
 Attn: Finance Department  
 One Washington Blvd.  
 Detroit, MI 48226

**Fax:** (313) 877-8800

Room Number \_\_\_\_\_ Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Equipment	Quantity	Unit Cost	Total Cost	Delivery Date/Time	Pick-Up Date/Time
<b>4' x 8' Risers (includes skirting):</b>					
Height: 16 inches		\$50	\$		
Height: 24 inches		\$50	\$		
<b>4' x 8' Staging (excludes skirting):</b>					
Available in heights from 32"-52" in 4" increments		\$50	\$		
Height: _____					
<b>Steps</b>		N/C			

Sub-Total \$ \_\_\_\_\_

Expedite Charge \$ \_\_\_\_\_ *25% of total order if order is received less than 10 days prior to date of service.*

Grand Total \$ \_\_\_\_\_

**Note:** If chairs are required for press conferences on the show floor, please place the order on the press conference furniture order form from Convention & Show Services.

**Payment in full must be submitted with order form with either a credit card or a cashier's check made payable to "Cobo Center"**

# EXHIBITOR INFORMATION

Payment in full must be submitted with order form with either a credit card or a cashier's check made payable to "Cobo Center"

Name of Event \_\_\_\_\_ Room Number \_\_\_\_\_

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Visa       MasterCard       American Express       Cashier's Check

Credit Card # \_\_\_\_\_ CSC#(3-digit) \_\_\_\_\_ Exp Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Cashier Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_