

Thursday, September 26, 2019

CERUTI'S BANQUET CENTER
SUMMIT PARK
6601 INNOVATION BLVD. FT. WAYNE, IN 46818

SHOW HOURS: THURS. 9/26/19- 9 AM- 2 PM
MOVE IN: THURS. 9/26/19- 7AM- 8:45 AM
(WED. MOVE IN MAY BE AVAILABLE BY SPECIAL
ARRANGEMENT WITH SHOW MANAGER)



Fort Wayne Facilities Maintenance & Management Expo

HUNDREDS OF EXHIBITS

- See hundreds of exhibits of cutting edge products and services for operating & maintaining an industrial plant, commercial building, municipality or institution.

Quality Visitors

- Previous Plant Maintenance Expo Attendees include: Facility Managers, Building Owners/Managers, Plant Engineers, Maintenance Personnel, Production Supervisors, Purchasing Managers, Buyers, Business Owners, Managers, Safety Supervisors and more.

Exhibitors Offer Products Such As:

Aerial Lift Equipment, Air Products, Commercial Roofing Products, Concrete Repair, Electrical Products, Energy Management Products, HVAC, Instruments and Controls, Materials Handling Equipment, Lighting Systems, Plant Maintenance Products & Services, Fastening and Joining Products, Hydraulic/Pneumatic Products, Pavement Repair, Pumps/valves, Scaffolding, Warehousing/ Distribution Facilities, Power Transmission/Motion controls and many other products and services for your facility.

Booth Prices

10' x 10' Furnished Booth \$695.00

10' x 20' Furnished Booth \$995.00

20' x 20' Furnished Booth \$1590.00

Booth Package includes: Booth Space, Draped Backdrop, 2 side drapes, Unlimited Show Passes, Showguide Listing, Booth ID sign, 6' Draped Display Table, 2 Chairs

COMPLETE THIS FORM & FAX TO (513)239-8231 OR CALL

JIM KLASERNER AT: (513) 444-4828

___ YES! RESERVE ME ___ 10' X 10' BOOTH SPACE(S) AT \$695/BOOTH

___ RESERVE ME ___ 10' X 20' BOOTH AT \$995/BOOTH

___ I WILL NEED ELECTRICITY AT \$25.00

___ I WILL PAY BY CHECK (MAKE CHECKS PAYABLE TO EXPO SOURCE)

CREDIT CARD PAYMENT: VISA , MASTERCARD, AMERICAN EXPRESS, DISCOVER (CIRCLE ONE)

CARD NUMBER _____ EXPIRES _____

SECURITY CODE ON CARD _____

___ CONTACT ME WITH FURTHER INFORMATION

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

EMAIL _____

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