

Mayhem Productions  
(t) 301.448.8239  
ACSorders126@gmail.com

ACS Bridal Show- Shriners Auditorium  
Wilmington, MA  
June 2, 2024

COMPANY NAME:

ADDRESS:

CITY/STATE/ZIP:

Phone #

SIGNATURE:

PRINT NAME:

CONTACT'S E-MAIL

EMAIL FOR INVOICE

COMPANY CHECK

PLEASE MAKE CHECKS PAYABLE TO : "**MAYHEM PRODUCTIONS.**" Checks must be in U.S. Funds drawn on a U.S. or Canadian bank. All returned checks will incur a \$55 administrative fee in addition to the due amount.

CREDIT CARD

For your convenience, we will use this authorization to charge your credit card account for your advance orders and any additional amounts incurred as a result of show site orders placed by your representative. These charges may include all Mayhem companies or any charges that Mayhem may be obligated to pay on behalf of Exhibitor, including without limitation, any shipping charges. Please complete the information requested below. A 4.25% processing fee will be added for all Credit Card payments. Any past due amounts or future due amounts may also be applied to this Credit Card if there is an outstanding balance. All denied Credit Cards will incur a \$55 administrative fee + Additional fees imposed by third parties. Call us about AMEX CARDS

MASTERCARD

VISA

VENMO ~ @Mihir-Patel-81

***PAYMENTS NOT RECEIVED BY 11 AM ON January 20th, 2024 WILL INCUR A \$50 LATE FEE***

Account No.: | | | | | | | | | | | | | | | | | | | | |

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ V - Code (3 or 4 digits on back of card) | | |

Cardholder Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

<b>BOOTH PACKAGE</b>	<b>(DUE 5/17/24)</b>	\$
<b>FURNITURE &amp; ACCESSORIES</b>	<b>(DUE 5/17/24)</b>	\$
		\$
		\$
	<b>SUBTOTAL</b>	\$
	<b>6.25% SALES TAX</b>	\$
	<b>PROCESSING FEE (if required)</b>	\$

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	TOTAL \$
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YOU ARE ENTERING INTO A CONTRACT THAT LIMITS YOUR POSSIBLE RECOVERY IN THE CASE OF LOSS OR DAMAGE.

The terms and conditions set forth below become a part of the Contract between MAYHEM and you, the EXHIBITOR. Acceptance of said terms and conditions will be construed when any of the following conditions are met:

- THE METHOD OF PAYMENT FORM IS SIGNED; OR
- AN ORDER FOR SERVICES & OR RENTAL EQUIPMENT IS PLACED BY EXHIBITOR WITH MAYHEM

### DEFINITIONS

For the purposes of this Contract, "MAYHEM", "CONTRACTOR", OR "DECORATOR" shall mean Mayhem Productions and their respective employees, directors, officers, agents, assigns, affiliated companies, and related entities, including but not limited to sub-contractors MAYHEM may appoint. The term "EXHIBITOR" shall mean the Exhibitor, its employees, agents, representatives, and any Exhibitor Appointed Contractors ("EAC").

### PAYMENT TERMS

Full payment, including any applicable tax, is due in advance or at the show site. All payments must be in U.S. funds and all checks must be drawn on a U.S. bank or Canadian. Orders received without advance payment or after the deadline date will incur additional After Deadline charges and will remain the property of MAYHEM, except where specifically identified as a sale. All rentals include delivery, installation, and removal from the EXHIBITOR'S booth. In the case of cancellation of any orders or services by EXHIBITOR, a one-hour "per person, per hour" charge will be applied for all labor orders that are not canceled in writing at least 24 hours prior to the scheduled start time. Fees will remain at 100% of the original charge for all rentals items or services that have already been provided at the time of the cancellation. If the Show or Event is cancelled because of reasons beyond MAYHEM'S control, EXHIBITOR remains responsible for all charges for services and equipment provided up to and including the date of cancellation. MAYHEM will not issue refunds of any payments made before the date of cancellation to EXHIBITOR. It is the EXHIBITOR'S responsibility to advise MAYHEM Service Center Representative of problems with any orders, and to check the EXHIBITOR'S invoice for accuracy prior to the close of the Show or Event. If EXHIBITOR is exempt from payment of sales tax, MAYHEM requires an exemption certificate for the State in which the services are to be used. Resale certificates are not valid unless EXHIBITOR is re-billing these charges to its customers. Should there be any pre-approved unpaid balance after the close of the show terms will be net, due and payable in GAITHERSBURG, MARYLAND upon receipt of invoice. Effective 30 days after the invoice date, any unpaid balance will bear a FINANCE CHARGE at the lesser of the maximum rate allowed by applicable law, or 2.0% per month, which is an ANNUAL PERCENTAGE RATE of 24%, and future orders will be on a pre-paid basis only. If any finance charge hereunder exceeds the maximum rate allowed by applicable law, the finance charge shall automatically be reduced to the maximum rate allowed, and unpaid balance or refunded to the payer. If past due invoices or invoice balances are placed with a collection agency or attorney for collection suit, EXHIBITOR agrees to pay all legal and collection costs. THESE PAYMENT TERMS AND CONDITIONS SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF MARYLAND. In the event of any dispute between the EXHIBITOR and MAYHEM, relative to any loss, damage, or claim, such EXHIBITORS shall not be entitled to and shall not withhold payment, or any partial payment due to MAYHEM for services, as an offset against the amount of any alleged loss or damage. Any claims against MAYHEM shall be considered a separate transaction, and shall be resolved on its own merits. MAYHEM reserves the right to charge EXHIBITOR for the difference between the EXHIBITOR'S estimate of charges and the actual charges incurred by EXHIBITOR, or for any charges that MAYHEM may be obligated to pay on behalf of EXHIBITOR, including without limitation, any shipping charges. If EXHIBITOR provides a credit card for payment and charges are rejected by the EXHIBITOR'S credit card company for any reason, MAYHEM hereby provides notice that it reserves the right, and EXHIBITOR authorizes MAYHEM, to continue to attempt to secure payment through that credit card for as long as unpaid balances remain on the EXHIBITOR'S account. Any returned checks of denied Credit Cards will incur a \$35 administrative fee.

### INDEMNIFICATION

EXHIBITOR agrees to indemnify, hold harmless, and defend MAYHEM from and against all demands, claims, causes of action, fines, penalties, damages, liabilities, judgments, and expenses (including but not limited to reasonable attorneys' fees and investigation cost) for bodily injury, including any injury to MAYHEM employees, affiliates, or subcontractors and/or property damages arising from work performed by labor provided by MAYHEM and supervised by EXHIBITOR. Further, the EXHIBITOR'S indemnification of MAYHEM includes any and all violations of Federal, State, County, or Local ordinances, "Show Regulations and/or Rules" as published and/or set forth by Facility or Show Management, and/or directing labor provided by MAYHEM to work in a manner that violates any of the above rules, regulations, and/or ordinances. Claims will not be considered unless filed prior to the close of the show.

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**BOOTH FURNISHINGS**

<u>Furniture</u>	<u>Qty.</u>	<u>Advance</u>	<u>Show</u>	<u>Total</u>
Wastebasket	_____	\$15.00	\$21.70	\$_____
Visitor's Chair	_____	\$69.00	\$78.00	\$_____
Folding Chair	_____	\$35.00	\$45.00	\$_____
Easel	_____	\$40.00	\$52.00	\$_____
HIGHTOP	_____	\$50.00	\$75.00	\$_____

<u>Risers/Drapery</u>	<u>Qty.</u>	<u>Advance</u>	<u>Show</u>	<u>Total</u>
4'x4'x1" Riser	_____	\$65.00	\$79.00	\$_____
3' Drape/per ft	_____	\$6.25	\$9.79	\$_____
8' Drape/per ft.	_____	\$9.79	\$10.15	\$_____
8' Column & Base	_____	\$35.00	\$52.00	\$_____
Drape Support	_____	\$15.00	\$21.00	\$_____

**Drape Color:** *Blue White Black Red*

<u>Skirted Tables</u>	<u>Qty.</u>	<u>Advance</u>	<u>Show</u>	<u>Total</u>
4'x2' W x 30" H	_____	\$101.50	\$136.00	\$_____
6'x2' W x 30" H	_____	\$126.79	\$152.79	\$_____
8'x2' W x 30" H	_____	\$141.78	\$178.79	\$_____

<u>Unskirted Tables</u>	<u>Qty.</u>	<u>Advance</u>	<u>Show</u>	<u>Total</u>
4'x2' W x 30" H	_____	\$88.00	\$99.00	\$_____
6'x2' W x 30" H	_____	\$99.00	\$115.50	\$_____
8'x2' W x 30" H	_____	\$126.00	\$152.00	\$_____

**Skirt Color:** *Black White*

**CARPET**

**Color:** *Blue Red Black Green*

<u>Size</u>	<u>Qty.</u>	<u>Advance</u>	<u>Show</u>	<u>Total</u>
9x10	_____	\$199.00	\$269.78	\$_____
9x20	_____	\$299.00	\$399.15	\$_____
Padding	_____	\$2.52/sq ft.	\$2.99/sq ft.	\$_____

If you need additional services not listed please contact us at [ACSorder126@gmail.com](mailto:ACSorder126@gmail.com) for rates.

**Special Notes:**

**\*Please order in advance. On show dates some items may not be available.**

**\*If you have any special request or needs, please contact us. We're here to assist you in finding what you need.**

**\*\*Please remember to select a color for skirting, drapes, and carpet. A color will be selected for you if not indicated.**

**\* Rental Cancellations will be subject to a 50% cancellation charge. Please sign here that you have read, understand and agree to ALL the Terms and Agreements pertaining to payment and electric orders and have advised your/our show site representative accordingly.**

**\* ADVANCE DEADLINE IS  
5/17/24**

**MAYHEM PRODUCTIONS**

14 Noblewood Court  
Gaithersburg, MD 20878  
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**BOOTH PACKAGE**

Company Name: \_\_\_\_\_  
Representative: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Booth Package includes: 1 - 9 x 10 Carpet\*  
1 - 6' Skirted Table  
2 - Folding Chairs  
1 - Wastebasket

Carpet Colors: Blue Red Black

\$399.52 x \_\_\_\_\_ Total Price = \_\_\_\_\_ \*\*

**\*\*Please transfer the dollar amount to the Payment & Charge Authorization Form\*\***

**ADVANCE ORDER DEADLINE IS 5/17/24**

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# Electrical Order Form

**Bridal & Wedding Expo**

**June 2, 2024**

**Shriners Auditorium**

99 Fordham Road, Wilmington, MA 01887

Attn: Sheila Bissett

978-657-4202 Ext. 220

[Sbissett@Alepposhriners.com](mailto:Sbissett@Alepposhriners.com)

Company Name: \_\_\_\_\_ Booth # \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Representative (print your name) \_\_\_\_\_  
Signature: \_\_\_\_\_

Qty	Booth Power Devices	* Advance Order Price	Show Order Price	Total Price
	110 volt receptacle 2000 watts	\$125.00	\$175.00	
	Dedicated 30 amp service	\$160.00	\$190.00	
	50 amp hard wires spa or appliance	\$395.00	\$525.00	
	Other Services quoted on individual bases			
			<b>Total (Includes Taxes)</b>	

## Please charge my:

VISA     MASTERCARD

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I hereby authorize a charge in the amount of \$ \_\_\_\_\_ as payment for electrical services from Shriners Auditorium.

I agree to pay the stated amount in full when billed, or in extended payments in accordance with the standard policy of the issuing credit card company.

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

**Credits WILL NOT be issued after show ends on Sunday if you have a problem with electric, please take care of it during show days.**

**ELECTRICAL ORDERS CAN NOT BE CALLED IN BY PHONE – WE WILL ONLY ACCEPT EMAIL OR ORDERS BY MAIL.**

All orders must be accompanied by a check or complete the credit card information above.

**Make checks payable to Shriners Auditorium.**

All items must be paid-in-full before electric service will be installed.

No refunds on unused or undelivered service reported after the show opens.

\*In order to receive the Advance Order Price, payment and form must be received by **May 24, 2024**.

Any orders received **after May 24, 2024** must pay the Show Order Price.



# Town of Wilmington

## Board of Health

121 Glen Road  
Wilmington, Massachusetts 01887

### APPLICATION TEMPORARY FOOD PERMIT

2019

Fee \$25.00

Date \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Name & Title of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Owner (if different) \_\_\_\_\_

Location \_\_\_\_\_

What food is to be sold \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

If you would like your permit emailed please provide email address: \_\_\_\_\_

Office Use Only

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Received By: \_\_\_\_\_

\_\_\_\_\_

Signature of Treasurer