## Payment Authorization / Order Summary



## **California Association of Health Facilities**

Palm Springs Convention Center - Oasis Halls 1-4
Palm Springs, CA
November 13-16, 2022

This form along with your order, check and credit card information for payment must be returned to Innovative Expo at the address below. A credit card on file is required when using Innovative Expo.

Orders received without payment and credit card information will not be processed.

Pay by Credit Card Pay by Check (A credit card on file is required for any overages) Third Party Payer Tax Exempt (submit certificate)  Innovative Expo Federal ID: #20-1881149 Include show name and booth # on all payments	Carpet * Tables, Furnishings & Accessories* Rental Exhibits* Signs* Material Handling (estimate) Cart Service Labor (estimate) Forklift (estimate) Booth Cleaning Custom Furniture* *Tax - 7.75% CA	\$
	Multiply taxable items marked with a * above	e otal \$
	Payment Authorization	
Cardboldor's Signature:		
	State:	Zip:
	Email:	
Visa / MC / AMEX / Discover #:		Exp:
	ge any additional amounts incurred by me or my s po does not accept credit card information via ema	
	Terms	
<ul> <li>Any additional cost incurred for orders or services</li> <li>All adjustments must be made at show site. Abso</li> <li>All accounts must be settled at the Innovative Ex</li> </ul>	wment can be made by check and secured with a cost placed at show site, are due and payable upon polutely no credits will be issued after show closing. po Service Desk prior to show closing. Your show sew the Statement of Account prior to the close of slow.	redit card for any overages. resentation of the invoice. site representative must be made

Innovative Expo: phone: 760.343.2555 fax: 760.343.2533 e-mail: service@innovativeexpo.com