

ORDER FORMS

Information/ Details

Event Name

Company name / Booth

Contact Name

VAT Number

Company Address

Postcode/Town

Country Phone

E-mail Mobile Phone

Rigging Form

Description of Item

Construction of Item

How Rigging Wires will be attached to the Item

Total Weight

How Many Points

Weight per Point

Height from Floor Level to Bottom of Item

Dimensions (wide x drop)

Mobile Number for on site contact

NOTE: This form/Information incl. 3D-plan showing the exact position(s), heights and measure must be filled in and returned to CCL

Signature Date