

Exhibitor Parking Permit Request

Event Services

1000 Water Street, Jacksonville, FL32204 Office: (904) 630-4000 Fax: 904) 630-4029

Email: POCCservicedesk@asmjax.com

Effective: Events after 1-1-24 to 12-31-24

stomer Information:							
Event Name:	Event Dates:						
Exhibitor/Company	Booth #:			F	Fax:		
Contact Person:		Cell ph	one:	E-mail:			
Address:	_						
ment Information:							
Credit Card:	☐ Amex Visa/MC	Discovery CC#:			Exp. D	ate:/	
	PARKING PASSE	- ES WILL BE SENT	DIGITALLY TO	THE CELL # ON	N THIS FORM		
Quantity	<u>Description</u>		Floor Order		-	Amount	
	4-day eve	ent; Auto (each)	\$32.00) per permit	\$	-	
	4-day ever	nt; Trailer (each)	\$32.00	per permit	\$	<u>-</u>	
	Trailer Tag #:		State:	_ Permit #:			
	3-day eve	ent; Auto (each)	\$24.00) per permit	\$	-	
	3-day ever	nt; Trailer (each)	\$24.00) per permit	\$	-	
	Trailer Tag #:		State:	_ Permit #:			
	2-dayeve	ent; Auto (each)	\$16.00) per permit	\$	-	
	2-day eve	nt;Trailer (each)	\$16.00	per permit	\$	-	
	Trailer Tag #:		State:	_ Permit #:			
	RV Parking (n	o utilities provided)	\$30.00	0 perday	\$	-	
	· ,	•14 ft & <26 ft)	\$30.00	0 per day	\$	-	
	Trucks (>	1411 & \2011)		•			

NO Multi-day passes sold at Parking Lot entry. Trailers are to use 1 parking space. There is limited Parking for RV's which will take 2 parking spots.

Total	\$ -	

All applicable tax is included.