

STAND CLEANING QUESTIONNAIRE

Return form to: technical.services@sec.co.uk

Event name..... Event Date

Company name..... Invoice address

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Stand no..... Size of stand.....(in meters).

DATE CLEANING REQUIRED

<input type="checkbox"/>	Pre-show clean
<input type="checkbox"/>	Event open
	From:
	To:

CLEANING REQUIREMENTS (please tick)

<input type="checkbox"/>	Floor type
<input type="checkbox"/>	Carpet
<input type="checkbox"/>	Laminate
<input type="checkbox"/>	Wood
<input type="checkbox"/>	Vinyl
<input type="checkbox"/>	Other (please specify)

FURNISHINGS (please tick)

<input type="checkbox"/>	Counter tops
<input type="checkbox"/>	Plastic seats
<input type="checkbox"/>	Leather seats
<input type="checkbox"/>	Tables
<input type="checkbox"/>	Other (please specify)

STAND FABRIC (please tick)

<input type="checkbox"/>	Shell scheme
<input type="checkbox"/>	Glass (please specify, ie, glass tables, windows etc)
<input type="checkbox"/>	Walls (please specify what the walls are made from)
<input type="checkbox"/>	Wood
<input type="checkbox"/>	Other (please specify)

*Special clean requirements – please specify below -