REFLEX
TRADE SHOW SERVICES

# EXHIBITOR SERVICE MANUAL

**Reconstructive Surgery of the Foot and Ankle**
**September 24-26, 2026**
**Mission Bay Hyatt Regency Spa & Marina**
**San Diego, CA**

**Please review and complete exhibitor manual. Completed manual can be emailed to russ@reflexeventservices.com or faxed to (760) 782-0429.**

**For additional information or questions please contact us at:**
***p:* (760) 788-9360 *f*: (760) 782-0429**

**Reconstructive Surgery of the Foot and Ankle (RSFA)**
**The Podiatry Institute**
**Sep. 24– 26, 2026**
**Mission Bay Hyatt Regency Spa & Marina**
**San Diego, CA**

## Special Notes

1. Show Management provides the following for your booth:

   1- 6 foot draped table
   2- Chairs
   1- 7 inch x 44 inch exhibitor identification sign
   1- Electrical Outlet
   1- Wastebasket

   Show draping will be black. The pavilion is carpeted. For additional furnishings, electrical, or equipment please refer to the order forms in your exhibitor manual.

2. The Hyatt **will not** receive any freight or shipments. All deliveries shipped to the hotel will be refused. **No exceptions.** All inbound and outbound shipments will be handled through Reflex Services.

REFLEX
TRADE SHOW SERVICES

*p:* (760) 788-9360 *f:* (760) 782-0429

# FURNITURE ORDER FORM

| | | | | | |
|---|---|---|---|---|---|
| SHOW | RSFA Podiatry Institute 2026 | | | BOOTH | |
| COMPANY | | | | | |
| ADDRESS | | | | | |
| CITY | | STATE | | ZIP | |
| PHONE | | FAX | | | |
| AUTHORIZED BY | | | | | |
| EMAIL ADDRESS | | | | | |

## DELUXE FURNITURE

| QTY | DESCRIPTION | ADVANCE ORDER | AT SHOW PRICE |
|---|---|---|---|
| | Side Chair Stacking | $45.00 | $60.00 |
| | Stool (padded) | $95.00 | $120.00 |
| | Arm chair | $50.00 | $70.00 |
| **TOTAL** | | | |

## ADDITIONAL FURNISHINGS

| QTY | DESCRIPTION | ADVANCE ORDER | AT SHOW PRICE |
|---|---|---|---|
| | Waste Basket w/ Liner | $12.50 | $17.50 |
| | Easel | $30.00 | $35.00 |
| | 8' High Drapery | $12.50 LN. FT | $16.50 LN.FT |
| | 3' High Drapery | $6.50 LN. FT | $9.50 LN. FT |
| | 4' x 8' Posterboard | $125.00 | $160.00 |
| **TOTAL** | | | |

## CARPET

| QTY | DESCRIPTION | ADVANCE ORDER | AT SHOW PRICE |
|---|---|---|---|
| | 9' x 10' | $125.00 | $170.00 |
| | 9' x 20' | $250.00 | $300.00 |
| **COLORS (circle one)** | BLACK BLUE SILVER BURGUNDY OTHER (call) | | |
| **TOTAL** | | | |

## ELECTRICAL - PLEASE ORDER THROUGH VENUE

| QTY | DESCRIPTION | ADVANCE ORDER | AT SHOW PRICE |
|---|---|---|---|
| | N/A | N/A | N/A |
| | 15' Extension Cord | $30.00 | $45.00 |
| | 6' Power Strip | $25.00 | $30.00 |
| **TOTAL** | | | |

**Audio/Visual Needs - Please call VENUE**

## WOODEN DISPLAY TABLES (30" Height)

| QTY | DESCRIPTION | ADVANCE ORDER | AT SHOW PRICE |
|---|---|---|---|
| | 4' Table No Drape | $75.00 | $100.00 |
| | 4' Table w/Draping | $100.00 | $125.00 |
| | 6' Table No Drape | $95.00 | $120.00 |
| | 6' Table w/Draping | $110.00 | $130.00 |
| | 8' Table No Drape | $110.00 | $122.00 |
| | 8' Table w/Draping | $125.00 | $140.00 |
| | 30" Round Cocktail Table | $130.00 | $145.00 |
| **TOTAL** | | | |

## COUNTER HIGH TABLES (42" Height)

| QTY | DESCRIPTION | ADVANCE ORDER | AT SHOW PRICE |
|---|---|---|---|
| | 4' Counter No Drape | $95.00 | $120.00 |
| | 4' Counter w/Draping | $100.00 | $125.00 |
| | 6' Counter No Drape | $98.00 | $122.00 |
| | 6' Counter w/Draping | $110.00 | $130.00 |
| | 8' Counter No Drape | $115.00 | $135.00 |
| | 8' Counter w/Draping | $130.00 | $145.00 |
| | 30" Round Cocktail Table | $130.00 | $145.00 |
| **TOTAL** | | | |

## CIRCLE SKIRT COLOR

BLUE RED BLACK BURGUNDY SILVER

ADVANCED ORDERS MUST BE RECEIVED **7 DAYS PRIOR** TO SHOW MOVE-IN DATE. PAYMENT IN FULL REQUIRED WHEN ORDER IS PLACED.

**PLACE YOUR ORDER IN ADVANCE AND SAVE!**

REFLEX
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# CLEANING SERVICES

| | | | | | |
|---|---|---|---|---|---|
| SHOW | RSFA Podiatry Institute 2026 | | | BOOTH | |
| COMPANY | | | | | |
| ADDRESS | | | | | |
| CITY | | STATE | | ZIP | |
| PHONE | | FAX | | | |
| AUTHORIZED BY | | | | | |
| EMAIL ADDRESS | | | | | |

**FOOD AND DRINK ARE SERVED DAILY IN THE EXHIBIT HALL. CARPETS ARE INSTALLED CLEAN. IF CLEANING IS NEEDED AFTER SET UP IS COMPLETED, PLEASE ORDER CLEANING SERVICE BELOW.**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Booth Size | | Gross Sq. Ft. | | No. of Days | | Cost per day | |

| | |
|---|---|
| Total | |

**Charges are based on gross exhibit booth area. Vacuuming, and cleaning of waste baskets daily is $.25 per sq. ft or a minimum daily cleaning charge of $25.00. For Scheduled Porter Service, please call for a quote.**

**SPECIAL INSTRUCTIONS**

*p:* (760) 788-9360 *f:* (760) 782-0429

# EXHIBIT INSTALLATION & DISMANTLE

| | | | | | |
|---|---|---|---|---|---|
| **SHOW** | **RSFA Podiatry Institute 2026** | | **BOOTH** | | |
| **COMPANY** | | | | | |
| **ADDRESS** | | | | | |
| **CITY** | | **STATE** | | **ZIP** | |
| **PHONE** | | **FAX** | | | |
| **AUTHORIZED BY** | | | | | |
| **EMAIL ADDRESS** | | | | | |

**Labor Rates - NOTE ALL RATES ARE BASED ON A 4HOUR MINIMUM CHARGE**

| | | |
|---|---|---|
| **Straight Time** | **$110.00** | **Per Hour, Per Man** |
| **Over Time** | **$170.00** | **Per Hour, Per Man** |

**All labor performed before 8:00 am, after 4:30 pm, Saturday, Sunday and holidays will be charged the overtime labor rate.**

**REFLEX SERVICES WILL PROCEED WITH YOU DISPLAY SET-UP UNLESS INSTRUCTED OTHERWISE. EVERY EFFORT WILL BE MADE TO SET-UP YOUR EXHIBIT DURING STRAIGHT TIME HOURS UNLESS MOVE-IN SCHEDULE DOES NOT PERMIT**

**Labor Install and Dismantle Request**

| | |
|---|---|
| Labor requested (No. of Men) ☐ | No. of Shipping Cases or Crates containing display ☐ |

☐ Plans attached-Proceed without exhibitor

☐ Plans in case #_____-Proceed without exhibitor

☐ DO NOT PROCEED-EXHIBITOR WILL SUPERVISE SET-UP

All work is to be performed *ONLY* under the supervision of the exhibitor representative.

**Representative Name:**

**Install Labor Request**

| Number of Laborers | Date | Time | Approx. Hours | Comments |
|---|---|---|---|---|
| | | | | |

**Dismantle Labor Request**

| Number of Laborers | Date | Time | Approx. Hours | Comments |
|---|---|---|---|---|
| | | | | |

Note: You must call for labor at the service desk when work is requested. Failure to call for labor at requested time is a one-hour charge per man, unless 48 hour advance notice is provided. Start time will be guaranteed only in those instances where we are requested for the start of the working day, which is 8:00 AM. The minimum charge of one hour per man will apply and time will commence in accordance with exhibitor's request..

*p:* (760) 788-9360 *f:* (760) 782-0429

# NON-OFFICIAL CONTRACTOR REQUEST FOR INFORMATION

If your company plans to use a firm that is not affiliated with the official contractor, i.e. REFLEX SERVICES, as designated by Show Management, please complete the following request for information and mail it to the above address no later than 30 days prior to show.

| | | | | | |
|---|---|---|---|---|---|
| **SHOW** | **RSFA Podiatry Institute 2026** | | **BOOTH** | | |
| **COMPANY** | | | | | |
| **ADDRESS** | | | | | |
| **CITY** | | **STATE** | | **ZIP** | |
| **PHONE** | | **FAX** | | | |
| **AUTHORIZED BY** | | | | | |
| **EMAIL ADDRESS** | | | | | |

## DEFINITION

A non-official service contractor will be considered to be any company or licensed individual, not an employee of the exhibitor, and other than Reflex Services that an exhibitor wishes to use for booth services and will require access to the exhibit hall before, during, and after the show. No permission can be given for the use of a non-official contractor for the performance of the following services: electrical, plumbing, telephone lines, drayage, rigging, or booth cleaning.

| | | | |
|---|---|---|---|
| **EXHIBITOR** | | **BOOTH NO.** | |
| **SHOW CONTACT** | | | |
| **NON-OFFICIAL SERVICE FIRM** | | | |
| **SERVICE FIRM CONTACT AT SHOW** | | | |
| **TYPE OF SERVICE** | | | |
| **24 HOUR PHONE NUMBER** | | | |

NOTE: Your "non-official" contractor must send the following information to Reflex Services at least 30 days prior to the show dates or they will not be permitted on the floor to service your exhibit:

A) A valid certificate of insurance evidencing the following types and limits of insurance:

1. Comprehensive General Liability policy with the Broad Form Comprehensive General liability endorsement, in the occurrence form, providing coverage against claims for a bodily injury or death and property damage occuring in or upon or resulting from the use or occupancy of the trade show/meeting site. Such insurance shall be primary and non-contributory with any other coverage's and shall afford immediate protection to the limit of not less than $1,000,000.00

B) State of California Worker's Compensation Insurance and Employer's Liability Insurance with the following limits:

Bodily Injury by accident $1,000,000_00 each accident

Bodily Injury by disease $1,000,000.00 policy limit

Bodily Injury by disease $1,000,000.00 each employee

C) Comprehensive Automobile Liability or Business Auto Policy within limits not less than $1,000,000.00 each occurrence, combined single limit for bodily injury and property damage, including loading and unloading.

It will be the responsibility of the exhibitor to see that each representative of the "non-official" contractor abides by the rules and regulations of this event.

# DRAYAGE RATE SCHEDULE

**IN AND OUT RATES BASED ON INCOMING WEIGHT ONLY**

**200 lb. MINIMUM CHARGE PER SHIPMENT**

| | **PER CWT (100 lbs)** |
|---|---|
| Shipments of common freight and crated exhibits will be received and stored up to thirty (30) days prior to set-up date, delivered to booth, and delivered from booth to common carrier at loading dock of exhibit area, furnishings, loading equipment and labor at close of show. This also includes removal, storage and return of empty crates or containers when necessary. | $95.00 |
| Receipt of shipments of common freight and crated exhibits at the Exhibit Hall, during installation period only, from outside carrier or owner's vehicle, unloading, delivery to booth, and delivering from booth to common carrier at loading dock and furnishing loading equipment and labor at close of show. This also includes removal, storage and return of empty crates or containers when necessary. | $95.00 |
| Above rates apply to handling of crated shipments. For uncrated, pad wrapped, or specialized equipment, the additional rate will be: | $8.50 |
| Return to the warehouse charge for loading onto outbound carriers | $85.00 |

NOTE: Mixed crated and uncrated shipments must show on the bill at lading the weight of the crated portion vs the uncrated portion, otherwise the entire shipment will be rated as uncrated. If we are required to use manpower in a trailer to cube out the load the exhibitor will be charged on a lime and material basis for the additional labor.

All per hundredweight rated will be based on the inbound weight only and all weights will be rounded off the next hundred weight. Dimensional weights will be invoiced at the stated weight on the Bill of Lading at the time of delivery unless a weight certificate is attached. It is the exhibitor's responsibility to insure that each shipment has a correct or certified weight on each Bill at the time of delivery. No back weighing will be accepted and no credit will be issued for a mis-stated weight. All exhibitors must be prepared to pay their charges at the show site. Company checks, cash, certified checks, money orders, traveler's checks, Visa, MasterCard or American Express are acceptable for payment. All foreign exhibitors will be required to pay their drayage invoice, in full, at the show site in U.S. currency Companies or individuals whose accounts have been deemed delinquent on past shows will be on a C.O.D. basis. All Past-due and current charges must be paid in full before any material will be released. All invoices are due and payable upon receipt. You may Pre-pay your estimated drayage charges based on the above per CWT. rate schedule. It is the responsibility of the EXHIBITOR to contact Reflex Services by the end of exhibit set up to arrange for reshipment of materials.

All per CWT. rated quoted in the foregoing do not include uncrating, unskidding, dismantling, crating, skidding, local pick-up and delivery, special trips or handling materials requiring special handling due to weight or size.

LABOR RATES FOR SERVICES LISTED ABOVE

| Service | Straight Time | Over-Time |
|---|---|---|
| Material Handler/Labor | $75.00 | $112.50 |
| Forklift with Operator (4,000 lb capacity) | $75.00 | $112.50 |
| Forklift with Operator (4,000 to 10,000 lb capacity) | $95.00 | $142.50 |
| Truck/Driver (Local Deliveries & P/U Only) | $75.00 | $112.50 |
| Banding/Steel | $ 1.50 per ln. ft. | |
| Shrink Wrap | $ 25.00 per pallet | |

S/T - Straight Time Hours - 8:00 AM - 4:30 PM on WEEKDAYS.

O/T - Overtime Applies to all hours on Saturdays, Sundays, and all holidays.

The above rates include Social Security, Workmen's Compensation Insurance and Public Liability Insurance.

## LIMITS OF LIABILITY

1. Reflex Services and subcontractors shall not be responsible for damage to uncrated materials, materials improperly packed, glass breakage, or concealed damage.
2. Reflex Services and subcontractors are not, and cannot be, responsible for loss or disappearance of Exhibitor materials after they have been delivered to the booth or once they are left in the booth for load-out and shipping after the show close.
3. Reflex Services and subcontractors shall not be responsible for loss, delay or damage due to strikes, lockouts or work stoppages of any kind beyond our direct control.
4. Reflex Services and subcontractors shall not be responsible for ordinary wear and tear in handling of equipment; nor for the loss or damage due to fire, theft, windstorm, water, vandalism, acts of God, mysterious disappearance, or other causes beyond its control.
5. Reflex Services and subcontractors shall not be liable to any extent, whatsoever, for any actual, potential, or assumed loss of profits, or revenues, or for any collateral costs which may result from any loss or damage to an Exhibitor's materials which may make it impossible or impractical to exhibit same.
6. It is understood that Reflex Services and subcontractors are not insurers, that insurance, if any, shall be obtained by the Exhibitor and that the amounts payable to Reflex Services hereunder are based on the value of the material handling services and are unrelated to the value of the Exhibitor's property being handled. Since it is impractical and extremely difficult to fix the value of each shipment handled by Reflex Services or its subcontractors, it is understood that Reflex Services and subcontractors do not provide for liability should loss or damage occur.
7. It is the Exhibitor's responsibility to make sure all materials are insured from the time they leave your firm, while they are at the show site, and until they are returned after the show
8. Reflex Services and subcontractors' liability shall be limited to any loss or damage which results solely from Reflex Services or its subcontractors' negligence in the actual physical handling of the items comprising your shipment(s) and not for any other type of loss or damage. Liability shall be limited to an amount not to exceed $.60 per pound per article.
9. The Exhibitor agrees in connection with the receipt, handling, storage, and reloading of your materials that Reflex Services and subcontractors will provide their services as agent and not as bailee or shipper. If any employee of Reflex Services or subcontractors shall sign a delivery receipt, bill of lading, or other document, the Exhibitor agrees that they do so as the Exhibitor's agent, and the Exhibitor accepts responsibility therefore.
10. The consignment or delivery of a shipment to Reflex Services or subcontractors by an Exhibitor, or by any shipper on behalf of the Exhibitor shall be construed as acceptance by such Exhibitor of the terms, limitations, and conditions set herein.

| | | | | | |
|---|---|---|---|---|---|
| **SHOW** | **RSFA Podiatry Institute 2026** | | **BOOTH** | | |
| **COMPANY** | | | | | |
| **ADDRESS** | | | | | |
| **CITY** | | **STATE** | | **ZIP** | |
| **PHONE** | | **FAX** | | | |
| **AUTHORIZED BY** (print name) | | | | | |
| **Signature** | | | | | |

# SHIPPING INSTRUCTIONS

| | | | |
|---|---|---|---|
| SHOW | RSFA Podiatry Institute 2026 | BOOTH NO. | |
| COMPANY | | | |
| SHIPPING METHOD | | SHIP DATE | |
| APPROX ARRIVAL DATE | | NO. OF SHIPMENTS | |
| TOTAL NO. OF CONTAINERS | | TOTAL WEIGHT | |
| SZ OF LRG PIECE SHIPPED | | WEIGHT OF LRG PIECE SHIPPED | |
| CONTACT/REPRESENTATIVE (PRINT) | | | |
| PHONE | | FAX | |

| ADVANCE SHIPPING | DIRECT SHIPPING |
|---|---|
| REFLEX SERVICES<br>*C/O ABF Freight*<br>*7075 Carroll Rd*<br>*SAN DIEGO, CA 92121*<br>FOR: **RSFA Podiatry 2026**<br>ATTN: (EXHIBITING FIRM/COMPANY NAME)<br>BOOTH NO. | *(YOUR COMPANY NAME)*<br>FOR: **RSFA Podiatry 2026**<br>C/O REFLEX SERVICES<br><br>*CALL FOR INSTRUCTIONS* |
| **WAREHOUSE SHIPPING DEADLINE IS:** | **DIRECT SHIPPING DEADLINE IS:** |
| **Mon, September 21st, 2026** | **NOT AVAILABLE** |

**FORWARDING INSTRUCTIONS AT CLOSE OF SHOW**

| | | | | | |
|---|---|---|---|---|---|
| CONSIGN TO | | VIA: MOTOR FRT. ☐ VAN LINE ☐ | | | |
| ADDRESS | | AIR FRT. ☐ OTHER ☐ | | | |
| CITY | | STATE | | ZIP | PREPAID ☐ COLLECT ☐ |
| NO. OF PIECES RETURNED | | | | | |

AUTHORIZATION TO PROVIDE FREIGHT SERVICES

We hereby authorize Reflex Services to handle our shipments in accordance with the information provided above and agree to the terms and conditions outlined on the "Drayage Service Information Bulletin" and the "Drayage Rate Sheet." We also stipulate that we have read the "Limits of Liability" form and agree to the terms and provisions therein and acknowledge receipt of a copy. We agree that Reflex Services will provide its services as our agent and not as bailee and shipper, That if any employee of Reflex Services shall sign a delivery receipt, bill of lading, or other document, they will do so as our agent and we accept the responsibility therefore. We agree in the event of a dispute with Reflex Services relative to any loss or damage to any of our materials or equipment that we will not withhold payment of any amount due for freight service or any other services provided by Reflex Services as an offset against the amount of the alleged loss or damage. Instead, we agree to pay Reflex Services accord¬ing to their Payment Policy for all such charges and we further agree that any claim we may have against Reflex Services shall be pursued independently by us as a completely separate transaction to be resolved on its own merits.

| | | | | | |
|---|---|---|---|---|---|
| **AUTHORIZED BY (PRINT)** | | | | **TITLE** | |
| **SIGNATURE** | | | | | |
| **COMPANY/FIRM** | | | | | |
| **ADDRESS** | | | | | |
| **CITY** | | **STATE** | | **ZIP** | |

PLEASE RETAIN A COPY FOR YOUR RECORDS

# REFLEX EVENT SERVICES

**SHOW MATERIAL EXPEDITE**

## RSFA PODIATRY 2026

WAREHOUSE DEADLINE DATE:
Monday, September 21st, 2026

**Company Name: _____**

**REFLEX SERVICES**
**C/O ABF Freight**
**7075 Carroll Rd**
**San Diego CA 92121**

# WAREHOUSE

**BOOTH #_____**
**PIECES_____OF_____**


# REFLEX EVENT SERVICES

**SHOW MATERIAL EXPEDITE**

## RSFA PODIATRY 2026

WAREHOUSE DEADLINE DATE:
Monday, September 21st, 2026

**Company Name: _____**

**REFLEX SERVICES**
**C/O ABF Freight**
**7075 Carroll Rd**
**San Diego CA 92121**

# WAREHOUSE

**BOOTH #_____**
**PIECES_____OF_____**


THE ABOVE LABELS ARE PROVIDED FOR YOUR CONVENIENCE PLACE ONE ON EACH PIECE SHIPPED TO ENSURE PROPERDELIVERY. IF MORE LABELS ARE NEEDED COPIES ARE ACCEPTABLE

REFLEX
TRADE SHOW SERVICES

*p:* (760) 788-9360 *f:* (760) 782-0429

# CREDIT CARD AUTHORIZATION FORM

| | | | | | |
|---|---|---|---|---|---|
| **SHOW** | RSFA Podiatry Institute 2026 | | **BOOTH NO.** | | |
| **COMPANY** | | | | | |
| **ADDRESS** | | | | | |
| **CITY** | | **STATE** | | **ZIP** | |
| **PHONE** | | **FAX** | | | |

## PAYMENT POLICIES

1. Payment must be included with all orders to obtain the discount prices.
2. All charges must be settled at our service desk prior to close of show.
3. The exhibiting firm is ultimately responsible for payment of charges.
4. **Please insure billing address matches the cardholder and all information is correct and legible.**
   **Declined Cards will result in additional fees.**
5. No adjustments will be made after the closing of the show.
   Should you have any questions regarding credit procedures, please contact: Russ@ReflexEventServices.com

## CREDIT CARD CHARGE AUTHORIZATION

If you wish to charge the amount of your advance orders to your credit card account, please complete the information requested below and return this form with your orders. For your convenience, we will charge the credit card provided for any additional services rendered at the show.

***CIRCLE CC TYPE BELOW***

**VISA** **MASTERCARD** **AMEX**

| | | | |
|---|---|---|---|
| **CREDIT CARD NO.** | | | |
| **EXPIRATION DATE** | | **CVV CODE** | |
| **CARD HOLDER NAME (PRINT)** | | | |
| **CARD HOLDER SIGNATURE** | | | |

**CREDIT CARD BILLING ADDRESS (ADDRESS ON FILE WITH YOUR CREDIT CARD COMPANY)**

| | | | | | |
|---|---|---|---|---|---|
| **ADDRESS** | | | | | |
| **CITY** | | **STATE** | | **ZIP CODE** | |
| **EMAIL ADDRESS** | | | | | |