ONE CONVENTION BOULEVARD ATLANTIC CITY, NJ 08401 USA



PHONE (609) 449-2291 FAX (609) 449-2464 FED ID#222638563

SHOW NAME:

COMPANY NAME:

BOOTH #:

SERVICE ORDER(S) PAYMENT FORM

Payment Required for Electrical, Cleaning and Plumbing. No Service will be provided without payment and completed service order forms. The Advance Rate will only be valid and processed for orders with payment received 15 days prior to the show opening date. By signing below you acknowledge and agree to these terms and authorize the Atlantic City Convention Center to charge your credit card. No credits will be issued on unused services installed as ordered. Claims cannot be considered unless filed by the exhibitor prior to the close of show. Cancellations must be faxed to our office three days prior to show opening date. Electricity will be turned on within 30 minutes of show opening and off within 30 minutes after show closing. No refunds will be issued on unused services installed as ordered.

Section 1 (Company Information)									
Company Name:									
Address:									
City:	State:		Zip Code:						
Contact Name:		ignature:							
Phone:	Fax:								
Email Address:									
Section 2 (Billing Credit Card Expiration Date Must Be Valid Throughout The Event Listed Above)									
AMERICAN EXPRESS	MASTERCARD	VISA	DISCOVER CARD						
Card Number:	0	Expiration Date:	/ MONTH YEAR						
Card Holders Name:	(Please								
Card Holders (Signature):			Date:						
Billing Address:									
City:	State:		Zip Code:						
Contact:	Phone:	Fax:							
Section 3									
Please Check Here If Tax Exempt, Please fax New Jersey Tax Exempt Form with Payment									
By signing and delivering this form, the customer agrees to all terms and conditions printed on this form. Signature:									

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SHOW NAME:

Date:

COMPANY NAME:

BOOTH #:

LABOR REQUEST FOR ELECTRICAL/PLUMBING DISTRIBUTION: MUST CHECK ONE

OK to Proceed Without Supervision per Attached Floor Plan
DO NOT Proceed - Exhibitor Will Call for Labor

Time:

This Labor Order will not be processed until we receive a completed Electrical/Plumbing Order and Service Order Payment Form. Please indicate neighboring booth and aisle numbers. Every effort will be made to facilitate all requests however starting time can only be guaranteed when labor is requested to start at 8:00am. We request that a floor plan be submitted prior to your arrival on site.

(20' x 20') Circle the correct booth type and fill-in the proper orientation around your booth area. (1 Square = 1 Foot) In-line Booth Peninsula Booth Island Booth

LEGEND FOR MARKING GRID PLEASE USE THESE SYMBOLS:

= Main Drop Location

 \Box = 2,000 watt / 20 amp

□ = 1,000 watt / 10 amp

■ = 208 volt

♦ = Plumbing

Adjacent Booth or Aisle #:______

CLEANING SERVICE ORDER FORM

USE THIS FORM TO ORDER CLEANING SERVICE WITHIN YOUR BOOTH SPACE AND FOR DEBRIS ACCUMULATED DURING EXHIBIT HOURS.

VACUUMING

All rates are based on the total square footage of your exhibit space (100 sq. ft. minimum)

Please check p	oreference below.	:				
	Vacuum carpet	Advance Rate 30¢/sq. ft.	Regular Rate 42¢/sq. ft.			
	Vacuum carpet	25¢ /sq. ft.	37¢ /sq. ft.			
Exhibit Space:	ft. (x)	ft. =	sq. ft. (x) days \$	(x)	\$ = TOTAL	\$
		F	PORTER SERV	ICE		
					Advance Rate	Regular Rate
Empty wasteb	asket, tidy and sp	ot clean exhibit spa	ice at two hour interva	als during show h	ours. \$99.00	\$140.00
Please check p	preference below	:				
DAILY	ONCE					
Specify		Porter		ys (x)		
Day	Date:	Service:	am	nount per day \$	= TOTAL \$	
			SUBTOTAL ESTI	MAIED CLEA	NING URDER: \$	

Must submit Service Order Payment Form

 By signing and delivering this form, the customer agrees

 to all terms and conditions printed on this form.
 Signature: