



EXHIBITOR ORDER FORM

BOOTH/DISPLAY PERSONNEL RATES:

\$45.87 per hour

\$43.87 per hour - Advance Order Rate*

FULL PAYMENT IS REQUIRED WITH RECEIPT OF ORDER

RETURN BY:

*For Advance Order Rate,
Order and Payment must be received by
the date listed above.

PLEASE NOTE:

- Any additions after the Advance Order Date will be charged at a higher rate
- 6% Maryland State sales tax for any services performed in the State of Maryland
- 6% DC Sales & Use Tax for any services performed in the District of Columbia
- There is a 5-hour billing minimum per shift
- The only credit cards accepted are Visa & Master Card

Return to:

CES Security, Inc.
115 McHenry Avenue
Baltimore, MD 21208

Phone: 443-471-7000 **Fax:** 443-471-7007

Email: eventcoordinator@cessecurity.com

PLEASE ARRANGE FOR # _____ PERSONNEL FOR OUR BOOTH ON THE FOLLOWING DATES:

DATE	HOURS	DATE	HOURS
_____	To _____	_____	To _____
_____	To _____	_____	To _____
_____	To _____	_____	To _____
_____	To _____	_____	To _____
_____	To _____	_____	To _____

CES Security, Inc (CES) is not an Insurer. Charges are based solely upon the value of services provided, and are unrelated to the value of the client's property or the property of others. The amounts payable by the client are not sufficient to warrant assuming any risk of damage or loss of property due to any cause. CES, its agents and representatives shall assume no liability for life, accident, theft of property, damage to property or any other loss due to factors beyond our control. The client, by signing this agreement, holds CES harmless from any and all losses. CES recommends that the client have, in effect at the time of signing this agreement, insurance to cover all property, and personal or bodily damages and claims arising from engaging in business as an exhibitor.

TOTAL NUMBER OF HOURS REQUESTED: _____

- Security Personnel to remain in Booth until Exhibitor arrives.
- Security Personnel to work scheduled times only.

HOURS _____ X RATE _____ = SUBTOTAL _____

SUBTOTAL _____ + SALES TAX _____ = TOTAL AMOUNT DUE _____

ON-SITE CONTACT PERSON: _____ ON-SITE CONTACT # _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

BOOTH NUMBER: _____ EXHIBIT HALL: _____ DATE: _____

AUTHORIZED BY: _____ ****SIGNATURE:**** _____

NAME ON CARD: _____ BILLING ADDRESS OF CARD: _____

CITY: _____ STATE: _____ ZIP: _____

CARD TYPE (Check One): **VISA** **MASTERCARD** AMOUNT: _____

CARD NUMBER: _____ EXPIRATION _____ CVV CODE _____