

**NATIONAL FACILITIES MANAGEMENT & TECHNOLOGY CONFERENCE
BALTIMORE CONVENTION CENTER
MARCH 15-17, 2011**



EXHIBITOR ORDER FORM

RETURN BY 3/1/11
*For Advanced Order Rate,
Order and Payment must be
received by the date listed

Return to:
CES Security, Inc.
115 McHenry Avenue
Baltimore, MD 21208

Phone: 443-471-7000 **Fax:** 443-471-7007
Email: eventcoordinator@cessecurity.com

BOOTH/DISPLAY PERSONNEL RATES:

***Advanced Order Rate (4-hour minimum)**

\$22.00 per hour – Payment by Check

\$24.00 per hour – Payment by Credit Card

Regular Rate (4-hour minimum)

\$25.00 per hour – Payment by Check

\$27.00 per hour – Payment by Credit Card

Onsite Rate (4-hour minimum)

\$28.00 per hour – Payment by Check

\$30.00 per hour – Payment by Credit Card

(Order & Payment Received less than 5 days
before the start of service)

FULL PAYMENT REQUIRED BY CHECK WITH RECEIPT OF ORDER
*6% Maryland State sales tax for any services performed in the state of Maryland

NOTE: ANY ADDITIONS AFTER THE ADVANCED ORDER DATE WILL BE CHARGED AT A HIGHER RATE.

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

DATE	HOURS		DATE	HOURS
_____	_____	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: _____

HOURS _____ X RATE _____ = TOTAL AMOUNT DUE _____

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

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

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

BOOTH NUMBER: _____ EXHIBIT HALL: _____ DATE: _____

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

FOR OFFICE USE ONLY:

RECEIVED PAYMENT: _____ CHECK #: _____ CHECK AMOUNT: \$ _____