

**BUILDING OPERATING MANAGEMENT'S NFMT2020  
BALTIMORE CONVENTION CENTER  
AUGUST 11-13, 2020**



**EXHIBITOR ORDER  
FORM**

**RETURN 7/24/20**  
\*For Advance Order Rate,  
Order and Payment must be received by  
the date listed above.

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

**Phone:** 443-471-7000 **Fax:** 443-471-7007  
**Email:** [eventcoordinator@cessecurity.com](mailto:eventcoordinator@cessecurity.com)

**FULL PAYMENT IS REQUIRED WITH RECEIPT OF ORDER**

**BOOTH/DISPLAY PERSONNEL RATES:**

**\*Advance Order Rate (4-hour billing minimum per shift)**  
\$32.00 per hour – Payment by Check  
\$34.00 per hour – Payment by Credit Card\*\*

**Rate (4-hour billing minimum per shift)**  
\$36.00 per hour – Payment by Check  
\$38.00 per hour – Payment by Credit Card\*\*

\*\*The only credit cards accepted are Visa & Master Card

**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

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

DATE	HOURS		DATE	HOURS
_____	_____	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, it's 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 \_\_\_\_\_ + **6% 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 (CIRCLE ONE): **VISA** **MASTERCARD** AMOUNT: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRATION \_\_\_\_\_ CVV CODE \_\_\_\_\_