NFMTVEGAS

Las Vegas Nevada   November 6 - 7, 2018

RIO Las Vegas Hotel and Casino

SECURITY GUARD
ORDER FORM

SOA

Special Operations Associates, Inc.
Of Nevada

RETURN TO:

SPECIAL OPERATIONS ASSOCIATES, INC.
3405 Cambridge Street
Las Vegas, Nevada 89169

(702) 386-8065 • FAX (702) 386-9720
License # 525

E-Mail: soa@soasecurity.com • www.soasecurity.com

ADVANCE ORDER RATE ON OR
BEFORE 10/05/18
$23.00   PER HOUR (6 hr.min)

AFTER   10/05/18
$30.00 HOUR (6 hr. min.)

FULL PAYMENT REQUIRED WITH RECEIPT OF ORDER

NOTE: ANY ADDITIONS AFTER ADVANCE ORDER DATE WILL BE CHARGED AT HIGHER RATE.

PLEASE ARRANGE FOR_____ GUARDS IN OUR BOOTH ON THE FOLLOWING DAYS:

DATE	HOURS	DATE	HOURS
_____	_____ TO _____	_____	_____ TO _____
_____	_____ TO _____	_____	_____ TO _____
_____	_____ TO _____	_____	_____ TO _____
_____	_____ TO _____	_____	_____ TO _____
_____	_____ TO _____	_____	_____ TO _____
_____	_____ TO _____	_____	_____ TO _____

Special Operations Associates, Inc. (SOA) is not an insurer. Charges are based solely upon the value of services provided for, and are unrelated to the value of the clients operations property or the property of others. The amounts payable by the client are not sufficient to warrant assuming any risk of damage or loss to property due to SOA's negligence or failure to perform. SOA, its agents and representatives, will provide all necessary safeguards and 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 SOA harmless for any and all losses and agrees to have in effect at the time of signing this agreement insurance to cover all product, and personal damages and claims arising from engaging in business as an exhibitor.

❑ Guard to remain in booth until exhibitor arrives.
❑ Guard to work scheduled times only.
❑ Fire watch guard.

TOTAL HOURS REQUESTED: _____

AUTHORIZED BY: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

BOOTH NUMBER: _____ EXHIBIT HALL: _____ DATE: _____

(3% Processing fee will be added for domestic credit card)
(7% Processing fee will be added for international credit card)

CARD TYPE: AMERICAN EXPRESS ❑   VISA ❑   MASTERCARD ❑

CREDIT CARD NUMBER: _____ EXPIRATION DATE: ____ / ____ CVV#_____

CARDHOLDER SIGNATURE: _____ PRINTED NAME OF CARDHOLDER: _____

CARDHOLDER ADDRESS: _____ STATE: _____ ZIP: _____