

COMPANY NAME: \_\_\_\_\_\_ADDRESS: \_\_\_\_\_

## **BOOTH SECURITY ORDER FORM**



DATE:

CONTACT NAME:

e-mail orders to: derekb@hammerevents.net For questions or special orders, please call Derek Boyd at 517.505.7799

	STATE/ZIP:					
	Staff Type Rate before 5pm on Aug 15		Rate after 5pm on Aug 15	Rate After 5pm on Aug 26		
	Event Staff	\$ 28.00	\$ 32.00	\$	36.00	
	Date	Start Time	End Time	# of Officers/Staff	Total Hours	
Check One: Guard/Staff to remain until exhibitor arrives			Guard/Staff to work so	cheduled hours only		
Company Billing Address: Billing Contact Nam				ling Contact Name:		
City			Bill	Billing Phone / E-mail:		
State / Zip:						
Credit Card Type/Number:				Name on Card:		
<u> </u>			ng Code:	Expiration Date:		
Approved CC Signature:  *All orders are subject to an administrative fee & any applicable tax.						