

# AT&T Exhibitor Services ISDN Service

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Please complete and return form to [MW.EXHIBITOR.SERVICES@RDSMAIL.IMS.ATT.COM](mailto:MW.EXHIBITOR.SERVICES@RDSMAIL.IMS.ATT.COM) at least 10 business days prior to event to guarantee requested due date.

Note: **AT&T bills for services a minimum of 30 days.** Price estimates based on monthly and non-recurring charges applicable and do not include local toll charges and applicable taxes. Prices are subject to change.

*Please complete one form per address.*

**Capability Code:** \_\_\_\_\_

(Order will **NOT** be processed without code. Please note that the code is equipment specific; if you need assistance please contact your IT department or equipment vendor)

## Billing Information

**Name:** \_\_\_\_\_

**Care of:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*Request Submitted by:*

**Name** \_\_\_\_\_ **Number** \_\_\_\_\_

## Installation Information

**Name of Event:** \_\_\_\_\_

**Name of Firm:** (as displayed on Booth or in Room) \_\_\_\_\_

Contact Information of Person for Installation

**Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Quantity of ISDN Lines:** \_\_\_\_\_ **Install Date:** [Click here to enter a date.](#) \_\_\_\_\_

**Install Address:** \_\_\_\_\_

**Preferred Long Distance Carrier**

(Default is AT&T unless otherwise specified): \_\_\_\_\_

Enter other comments here
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