

# AT&T Exhibitor Services Telephone 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.

## Billing Information

**Name:** \_\_\_\_\_  
**Care of:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

*Request Submitted by:*

<b>Name</b>	<b>Number</b>
_____	_____

## Installation Information

**Name of Event:** \_\_\_\_\_  
**Name of Firm:** \_\_\_\_\_  
Contact Information of Person for Installation  
**Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_  
**Quantity of Lines:** \_\_\_\_\_ **Install Date:** [Click here to enter a date.](#)  
**Install Location:** \_\_\_\_\_  
**Preferred Long Distance Carrier**  
(Default is AT&T unless otherwise specified): NO

*If you require any additional features on your service, please list the feature and the quantity in the comments section below.*

**Thank you for choosing AT&T**