

Bayside Expo Center—Boston

REQUEST FOR TELECOMMUNICATIONS

Company Name: _____ BOOTH No: _____

Event: Boston RV & Camping Expo 2010 Dates: Jan. 15-18, 2010

ADVANCE PAYMENT PRICE DEADLINE:

<u>Description</u>	<u>Quantity</u>	<u>Advanced Payment Price</u>	<u>Standard Price</u>	<u>Cost</u>
Standard Voice Line		\$220.00	\$220.00	\$
Credit Card Line		\$220.00	\$220.00	\$
Fax Line		\$220.00	\$220.00	\$
Phone Instrument		\$15.00	\$15.00	\$
TOTAL:				\$ _____

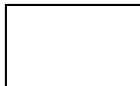
Terms and Conditions

1. Advanced rate cut off is 2 weeks (14 days) prior to the first day of move-in.
2. Contracts for special services must be received no later than 30 days prior to move-in to ensure service.
3. To assist us in processing your service contract, payment for services must accompany contract. Booth number(s) must be identified on form.
4. NO REFUNDS OR CREDIT will be given for services once installed.
5. A \$50.00 service charge will be assessed to relocate your line after installation.
6. A \$50.00 service charge will be assessed for cancellations within 14 days of first day of move-in.
7. There will be a \$.25 surcharge for all "1-800" calls, and a \$.95 surcharge for all long distance directory assistance calls.
8. Bayside Expo Center is not responsible for exhibitor equipment incompatible with Bayside Expo Center equipment.
9. No claims will be considered unless filed with Bayside Expo Center prior to closing of show.
10. Customers who choose to pay by check **must also supply a valid credit card number**. Any and all charges not prepaid, including those for long distance calls and unreturned equipment, will be billed to the credit card. Your signature below indicates you accept knowledge and agree to all terms and conditions herein and will authorize Edlen Electric to bill your credit card.

Indicate desired location in booth with an **X**

Booth #: _____

Left Right



Send to: **Cathy Phillipson, Edlen Electrical Exhibition Services**
87 Ruggles St., Quincy, MA 02169
Email: cphillipson@edlen.com
Phone: (617) 740-0820 Ext. 2 | Fax: (617) 740-0825

COMPANY NAME:	PHONE:	FAX:
ADDRESS:	EMAIL:	
CITY:	ST:	ZIP:
SIGNATURE:	PRINT NAME:	
PAID BY: CK VISA MC AMX DISC CARD#		EXP DATE:

CARD HOLDER SIGN HERE:	PRINT NAME:
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