

EXHIBITOR SECURITY SERVICE ORDER FORM



Company Name:					Booth #	
Billing Address:						
Email Address:				City	State	ZIP
Phone Number:				Fax:		
On-Site Contact:				Mobile:		
Wait for I	Exhibitor to Arriv	e	OR	Release Acco	rding to the Schedul	e
No. of Per	sonnel Requeste	d				
<u>Date:</u>		Start Time:		End Time:		Total Hrs: (4 hr. min.)
Advance Date:	\$30.00		Fa., and an an lancitude		Grand To May 5, 20	otal:
Advance Rate:	\$35.00	per hour	For orders submit	tea prior to:	141ay 3, 20	<u> </u>
On-Site Rate:	333.00	per hour				
Payment Method:	Credi	Credit Card (3% fee)		Check (must accompany order form)		orm)
Credit Card No:				Ехр:		SVC:
Cardholder Name:		actly how it appe	and and the sound)	Signature:		
	(EX	actly now it appe	ears on the card)			
Total Hrs: x Rate:			x 1.03 (3% CC processing fee)=		TOTAL AMOUNT DUE	
Ordered By:					TOTAL AIMO	ONI DOL
Signature:					Date:	

We accept Visa, MasterCard & AMEX. Please make checks payable to United Security Services, Inc.

Please submit this form and payment to Kierstin Canavan at kcanavan@unitedhq.com

Mailing Address: 3622 S. Morgan St. Chicago, IL 60609 Phone: 773-254-1824 Fax: 773-254-1840

A confirmation email will be sent upon receipt of this order form and payment.

Corporate Office: United Security Services, Inc. (USSC) 1550 South Indiana Avenue Chicago, IL 60605

License No. 122.000834