



**EXHIBITOR ORDER FORM
BOOTH/DISPLAY SECURITY**

**RETURN BY 09/17/07
*For Advance
Order Rate**

RETURN TO:

CES Security, Inc
115 McHenry Avenue
Baltimore, MD 21208

Phone: 443-471-7000 Fax: 443-471-7007
Email: mlamar@cessecurity.com

BOOTH/DISPLAY PERSONNEL RATES:

* Advanced Order Rate
\$22.00 per hour (4-hour minimum)

Regular Rate
\$25.00 per hour (4-hour minimum)

Onsite Rate
\$28.00 per hour (4-hour minimum)

**FULL PAYMENT REQUIRED WITH
RECEIPT OF ORDER**

NOTE: ANY ADDITIONS AFTER THE ADVANCE ORDER DATE WILL BE CHARGED AT A HIGHER RATE.

PLEASE ARRANGE FOR # _____ PERSONNEL FOR OUR BOOTH ON THE FOLLOWING DATES:

DATE	HOURS	DATE	HOURS
_____	_____ To _____	_____	_____ To _____
_____	_____ To _____	_____	_____ To _____
_____	_____ To _____	_____	_____ To _____
_____	_____ To _____	_____	_____ To _____
_____	_____ To _____	_____	_____ To _____
_____	_____ To _____	_____	_____ To _____

CES Security, Inc (CES) is not an Insurer. Charges are based solely upon the value of services provided, and are unrelated to the value of the client's property or the property of others. The amounts payable by the client are not sufficient to warrant assuming any risk of damage or loss of property due to any cause. CES, its agents and representatives shall assume no liability for life, accident, theft of property, damage to property or any other loss due to factors beyond our control. The client, by signing this agreement, holds CES harmless from any and all losses. CES recommends that the client have, in effect at the time of signing this agreement, insurance to cover all property, and personal or bodily damages and claims arising from engaging in business as an exhibitor.

- Security Personnel to remain in Booth until Exhibitor arrives.
- Security Personnel to work scheduled times only.

TOTAL NUMBER OF HOURS REQUESTED: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: : _____

BOOTH NUMBER: _____ EXHIBIT HALL: _____ DATE: _____

AUTHORIZED BY: _____ ****SIGNATURE:**** _____

FOR OFFICE USE ONLY:

RECEIVED PAYMENT: _____ CHECK #: _____ CHECK AMOUNT: \$ _____