



Payment & Credit Card Charge Authorization

RETURN TO: PDC/GES Exposition Services • 7050 Lindell Road, Las Vegas, NV 89118-4702 • Phone: 800.475.2098 • FAX: 866.329.1437
International Exhibitors Only: Phone: 702.515.5970 • FAX: 702.263.1520 Contact us Online: www.ges.com/contact

All orders are governed by the PDC/GES Payment Policy and PDC/GES Terms & Conditions of Contract as specified in this Exhibitor Manual.

AFCEA / USNI West 2007

San Diego Convention Center • January 31 - February 2, 2007

FORM DEADLINE DATE:

January 8, 2007

COMPANY NAME	EMAIL ADDRESS			BOOTH NUMBER
STREET ADDRESS	CITY	STATE	ZIP	COUNTRY
PHONE	FAX			PURCHASE ORDER NUMBER
SHOWSITE CONTACT	SHOWSITE CONTACT EMERGENCY #			CONTACT'S HOTEL (OPTIONAL)

Payment Policy

Payment for Services — PDC/GES requires payment in full at the time services are ordered. Further, PDC/GES requires that you provide a credit card authorization with your initial order. For your convenience, we will use this authorization to charge your account for services, which may include labor, material handling, or any applicable fuel or energy surcharge.

Discount Prices — To qualify for discount pricing, orders must be received with payment on or before the discount price deadline(s).

Method of Payment — PDC/GES Exposition Services accepts MasterCard, Visa, Discover, Diners Club, American Express, check and bank wire transfer. Purchase orders are not considered payment. All payments must be made in U.S. funds drawn on a U.S. Bank. Exhibitors will be charged a \$25.00 fee for returned NSF checks.

Third Party Billing — Each exhibiting firm is ultimately responsible for all charges incurred on its behalf. PDC/GES Exposition Services reserves the right to institute collection action against the exhibitor if the authorized third party does not pay. See *Third Party Billing Request* form.

Tax Exempt — If you are tax exempt in the state in which you will be exhibiting, you must provide a Sales Tax Exemption Certificate for that state. Please send the above information to the PDC/GES office for this show. Taxes vary by location and will be added to your invoice, if you do not submit your tax exempt certificate prior to the deadline.

Adjustments and Cancellations — No adjustments to invoices will be made after the close of the show. Please refer to the individual forms for labor, etc. for cancellation fees. All orders cancelled by the Exhibitor or due to the cancellation of an event or their non-participation may be subject to cancellation fees equal to 50% - 100% of the total order, based upon the status of move-in, work performed and/or PDC/GES set-up costs or expenses. A minimum non-refundable deposit of \$25.00 will be applied towards the invoice, unless there is a cancellation of your order. Additionally, PDC/GES retains the right to implement/assess a fuel or energy surcharge on all services as necessary based upon market conditions.

*If you wish to purchase coverage for excess declared value, please see Material Handling Form (R-2).

Bank wire transfer payment information:

Beneficiary: GES Exposition Services c/o Bank of America, Illinois 231 La Salle Street Chicago, IL 60693 USA Telephone # 312.828.5000	Account #: 7188-1-01819 ABA Routing #: 0260-0959-3 SWIFT Address: BOFAUS3N CHIPS Address: 0959
--	---

Address for routing identifiers if requested:
100 West 33rd Street, New York, NY 10001 USA

To properly credit your account, send the following information to the PDC/GES address listed on the order forms:

- exhibiting company name, show name, show facility, and booth number
- date and amount of wire transfer
- bank and country where transfer originated

If you have any questions regarding our payment policy, please call PDC/GES National ServicerSM at 800.475.2098 or visit the PDC/GES Servicer[®] at the show.

Please complete the information and return payment in full with this form and your orders. You may choose to pay by credit card, check, or bank wire transfer, however, **we require your credit card charge authorization to be on file with PDC/GES.**

You agree to late fees up to 1.5% per month on any balance not paid at the conclusion of the event, or balance left without appropriate credit card on file.

For your convenience, we will use this authorization to charge your credit card for any additional amounts ordered by your representative or services rendered to your company for this event.

PDC/GES requires the highest standards of integrity from all employees. Please call our confidential Always Honest hotline at 866.225.8230 to report fraudulent or unethical behavior.

I agree in placing this order that I have accepted PDC/GES Payment Policy and PDC/GES Terms & Conditions of Contract.

PLEASE SIGN

X
AUTHORIZED SIGNATURE

AUTHORIZED NAME - PLEASE PRINT DATE

Credit Card Charge Authorization (All Information Must Be Provided)

PROVIDE EXPIRATION DATE

EXPIRATION DATE

- MasterCard
- VISA
- Diners Club
- Discover
- American Express
- Corporate
- Personal

Account Number

Account Number - - - -

CARDHOLDER'S NAME	PLEASE PRINT
CARDHOLDER'S BILLING ADDRESS	CITY
STATE	ZIP COUNTRY

PLEASE SIGN

X
CARDHOLDER'S SIGNATURE DATE

Calculation of Orders

	TOTAL
Exhibit System Rental	\$
Furniture & Accessories	\$
Carpet	\$
Hanging Sign & Truss	\$
Labor	\$
Material Handling	\$
PDC/GES Electrical	\$
Other PDC/GES Services (Specify)	\$
1. Total of All Above Items	\$
2. FULL PAYMENT in U.S. funds drawn on a U.S. Bank PDC/GES Exposition Services, Inc. Federal ID #59-1008863 PDC/GES is exempt from backup withholding tax.	\$

To simplify payment, send a check payable to GES Exposition, Inc. for your entire order or note the amount to be charged to your credit card.

Charge my credit card in the amount of: \$

Enclosed is a check in the amount of: \$

Check No. [] Dated []



3rd Party Billing Request

RETURN TO: PDC/GES Exposition Services • 7050 Lindell Road, Las Vegas, NV 89118-4702 • Phone: 800.475.2098 • FAX: 866.329.1437
International Exhibitors Only: Phone: 702.515.5970 • FAX: 702.263.1520 Contact us Online: www.ges.com/contact

All orders are governed by the PDC/GES Payment Policy and PDC/GES Terms & Conditions of Contract as specified in this Exhibitor Manual.

AFCEA / USNI West 2007

San Diego Convention Center • January 31 - February 2, 2007

FORM DEADLINE DATE:
January 8, 2007

COMPANY NAME	EMAIL ADDRESS	BOOTH NUMBER
--------------	---------------	--------------

You may arrange for a third party to handle your display and be billed for services. PDC/GES will agree to this arrangement if the third party has a satisfactory payment record with us. **Both Firms** must complete this form, including **Third Party Credit Card Charge Authorization below**. Return form by the deadline date. **PDC/GES reserves the right to deny any Third Party Billing Request that is not complete or received by the deadline date.**

It is understood and agreed that the exhibiting firm is ultimately responsible for payment of charges. If your named third party does not pay the invoice before the last day of the show, charges will revert to you, the exhibiting firm. All invoices are due and payable upon receipt. PDC/GES Terms & Conditions of Contract apply to both the Exhibiting Firm and Third Party Representative.

Exhibiting Firm		
EXHIBITING FIRM		
STREET ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	

The items checked below are to be invoiced to the Exhibiting Firm:

- All Services
- Rental Furniture
- Material Handling In & Out
- Other (Please Specify) _____
- I & D Labor
- Signs
- Transportation Charges

Third Party		
EXHIBITING FIRM		
STREET ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	

The items checked below are to be invoiced to the Third Party:

- All Services
- Rental Furniture
- Material Handling In & Out
- Other (Please Specify) _____
- I & D Labor
- Signs
- Transportation Charges

I agree in placing this order that I have accepted PDC/GES Payment Policy and PDC/GES Terms & Conditions of Contract.

PLEASE SIGN _____
AUTHORIZED SIGNATURE

AUTHORIZED NAME - PLEASE PRINT

DATE

I agree in placing this order that I have accepted PDC/GES Payment Policy and PDC/GES Terms & Conditions of Contract.

PLEASE SIGN _____
AUTHORIZED SIGNATURE

AUTHORIZED NAME - PLEASE PRINT

DATE

Exhibiting Firm Credit Card Charge Authorization (All Information Must Be Provided)

PROVIDE EXPIRATION DATE _____
EXPIRATION DATE

MasterCard
 VISA
 Diners Club
 Discover
 American Express

Corporate
 Personal

Account Number: _____ - _____ - _____ - _____

CARDHOLDER'S NAME: _____ PLEASE PRINT

CARDHOLDER'S BILLING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTRY: _____

PLEASE SIGN _____
CARDHOLDER'S SIGNATURE

DATE

Third Party Credit Card Charge Authorization (All Information Must Be Provided)

PROVIDE EXPIRATION DATE _____
EXPIRATION DATE

MasterCard
 VISA
 Diners Club
 Discover
 American Express

Corporate
 Personal

Account Number: _____ - _____ - _____ - _____

CARDHOLDER'S NAME: _____ PLEASE PRINT

CARDHOLDER'S BILLING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTRY: _____

PLEASE SIGN _____
CARDHOLDER'S SIGNATURE

DATE