

GARDEN STATE EXHIBIT CENTER

50 ATRIUM DRIVE • SOMERSET, NJ 08873
Phone • 732-469-4000 fax • 732-563-4500

Booth # _____

TELEPHONE SERVICE ORDER FORM

The exhibitor telephone service rate shown below consists of one telephone line and one touch-tone desktop instrument. Should you require other service or have any questions call us at the number below. All orders **MUST BE RECEIVED 10 DAYS PRIOR** to the first set-up day of the show and /or event accompanied with full payment and credit card information or **FLOOR PRICES** will be charged. No Refunds.

All orders must be accompanied by a credit card or check payable to: Garden State Exhibit Center, L.L.C.

SHOW INSTALLATION & SERVICE CHARGE PER LINE

	ADVANCE	FLOOR	QUANTITY	TOTAL
Direct Lines:	\$200.00	\$275.00	_____	\$_____

NOTES:

1. Direct Lines have no long distance carrier and are for local or 800 numbers only.
2. Exhibitor must pick-up phone from, and return phone to, the Convention Center Executive Office. Failure to do so will result in additional charges.
3. Exhibitors must fill out Credit Card information at the bottom of this telephone form.
4. Phone lines will be centrally located at the rear of the booth.
5. Center phone equipment will be provided on the first come first served basis.

(Please Print)

NAME OF SHOW _____ DATES: _____

EXHIBIT NAME: _____ COMPANY NAME (if different from Exhibit Name): _____

BOOTH REPRESENTATIVE: _____ BOOTH # _____

ADDRESS: _____

CITY/STATE/ZIP: _____ TELEPHONE #: (____) _____

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any of the amount of these charges. I also agree that all charges contained in this amount are correct and any disputes or requests for copies of charges must be made within five days after my departure. I represent that I am authorized to bind the indicated company or association.

CARD MEMBER NAME (as it appears on the card): _____

EXPIRATION DATE: ____/____/____

MC(*)

VISA

AMEX

*If using MasterCard indicate the four

ACCOUNT NUMBER: _____ numbers above your name here. → _____

AUTHORIZED SIGNATURE _____ Date _____

Please return via fax to 732-563-4500