

GARDEN STATE EXHIBIT CENTER

50 ATRIUM DRIVE, SOMERSET, NJ 08873



PHONE (732) 469-4000

FAX (732) 563-4500

WIRELESS CONNECTIVITY FORM

_____ days @ \$ 19.95

Total \$ _____

*** Full pre-payment is required prior to installation. Pre-payment may be made by check, money order, or credit card. (Visa, MasterCard, and American Express). To the Garden State Exhibit Center.

Please Note the following terms, conditions, instructions, and information:

1. Please be advised that the WiFi service is connected by a third party provider and requires 10 business days for installation without exception, therefore, orders received beyond indicated deadlines may not be processed.
2. This service is charged on a flat rate basis however there may be additional charges if applicable.
3. This charge will be processed to the credit card provided immediately and any cancellation of this order will result in a penalty of 50% within 10 business days of event and full penalty of payment on site.
4. The WiFi connectivity equates to a 256k hookup however, this service is not guaranteed to be constant.
5. In the event the renter does not provide the necessary equipment, there will be no refunds or credits for lines that have been installed.
6. Any damage to the line will result in a penalty determined by third party provider which may result in additional charges.

Event Name _____ Event Dates _____ Booth # _____

Company Name _____ Representative _____

Business Address _____ City, State, Zip _____

Business Telephone () _____ Business Fax () _____

- There will be a 50% cancellation charge applied to all orders.

I AGREE TO THE TERMS AND CONDITIONS NOTED: (SIGNATURE) _____

** Credit Card information is required to secure all telephone lines regardless of payment format. No service will be installed without this information!

Credit Card Information: * (Must be provided)**

VISA _____ MASTERCARD _____ AMEX _____

Card Number _____ Exp. Date _____ Name _____

Billing Address _____ City, State, Zip _____

I AUTHORIZE THE ABOVE CHARGES AS WELL AS ANY OTHER FEES RELATED TO THIS SERVICE

SIGNATURE _____ DATE / /