

Connecticut Convention Center

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Forms available online at www.ctconventions.com

CL _____

ВООТН	CLEAN	NING SI	ERVICE O	RDER FOR	RM			
Name of Event:			Date of E	Date of Event:				
Firm Name:			Booth Nu	Booth Number:				
Street Address:			Contact Po	Contact Person:				
City, State, Zip:	On-Site Pl	On-Site Phone Number:						
E-mail Address:			'					
Tax must be included Pre-Paid rates appl O	unless you subr Check paymony to orders paid On-Site rates ap	nit State of CT' ent method only d in full and re ply after the 1 o	accepted on prepaid ceived 1 day prior to day cut off rate. No	mentation with your o orders. o first scheduled movexceptions.				
Payment Information Must Accompany Order								
Money Order #: Check #:								
☐ MasterCard ☐ Discover Card ☐ Visa ☐ American Express								
Name on card:								
Billing Address (if different from above	e):							
Billing City: State:						Zip Code:		
Credit Card #:								
Expiration Date: Security Code:								
Authorized Signature:								
Booth Size X = sq.ft. (100 sq.ft. minimum)								
Vacuuming Cost per day	# of days	Sq. Ft.	Pre-Paid Rate	On-Site Rate	Subtotal	CT 6.35% Tax	Total	
Show Days			.20 sq/ft	.25 sq/ft				
(morning prior to show open)								
Shampooing *Carpets shampooed prior to show open only	# of days	Sq. Ft.	Pre-Paid Rate	On-Site Rate		CT 6.35% Tax	Total	
Shampooing			.35 sq/ft	.40 sq/ft				
Trash Removal	l					СТ		
Cost per day	# of days		Pre-Paid Rate	On-Site Rate		6.35% Tax	Total	
Show Days			\$70.00/day	\$75.00/day				
Please indicate specific dates of all Booth Cleaning services here:/ to/ to/								
Trash removal service is provided periodically throughout requested days								

ORDER TOTAL: