

Connecticut Convention Center

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Forms available online at www.ctconventions.com

VISOUEEN SERVICE ORDER FORM

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Name of Event:				Date of Event	t:					
Firm Name:				Booth Number:						
Street Address:				Contact Person:						
City, State, Zip:		On-Site Phone Number:								
E-mail Address:										
Payment notice – services will not be supplied until total due is paid in full. Tax must be included unless you submit State of CT Tax Exemption documentation with your order form. Check payment method only accepted on prepaid orders. Pre-Paid rates apply to orders paid in full and received 1 day prior to first scheduled move in day. On-Site rates apply after the 1 day cut off rate. No exceptions.										
Payment Information Must Accompany Order										
Money Order #:		1 - 5:		Check #:						
☐ MasterCard ☐ Discover Card ☐ Visa ☐ American Express										
Name on card:										
Billing Address (if different from above):										
Billing City:				State:			Zip Code:			
Credit Card #:										
Expiration Date:	Security Code:									
Authorized Signatu	re:									
Booth Size	X	sq.ft. (100 s	sq.ft. (100 sq.ft. minimum)							
		Sq. Ft.	Pre-Paid Rate	On-Site Rate	Subtotal	CT 6.35% Tax	Total			
Visqueen Floor	Covering		.50 sq/ft	.75 sq/ft						
					ORDE	ER TOTAL	:			