SHOW NAME:				
DEADLINE DATE: TWO WEEKS PRIOR TO SHOW		EVENT DAT	Ξ: /	/
RETURN TO: SHERATON CHICAGO H ATTN: TELECOMMUNICATIO				
COMPANY NAME:	BOOTH NUI	BOOTH NUMBER:		
ADDRESS:	PHONE NUM	PHONE NUMBER:		
CITY: STATE:	ZIP:	FAX NUMBER:		
AUTHORIZED PERSON & SIGNATURE:				
Please call us if you have any	-	-		
INTERNET/TELECOM provider to	your show. O	RDER FORM MUST BE RECI	IVED BY D	ADLINE DATE.
INTERNET/TEL	ECOM SERVI	CE AND PRICING INFORI	MATION	
CED-UCEC	1 OTV	COST		I TOTAL C
SERVICES	QTY	COST		TOTAL CO
ANALOG PHONE LINE WITH PHONE UNIT ANALOG MODEM LINE FOR FAX OR CC	+	\$200.00 \$200.00		\$ \$
INTERNET ACCESS PER COMPUTER	-	\$700.00 FOR THE FIRST CO	NADI ITER	Ś
		\$250.00 PER COMPUTE		,
TAXES: (STATE-6.5%, CITY-7.5%, STATE INFRAST-0.5%)	APPLY ONLY TO	Ti-	14.50%	\$.
		INSTALLATIO	ON TOTAL	\$
LOCAL AND LONG DI	STANCE CHAR	GES TO BE APPLIED AFTER	THE SHOW	\$
"NAT", Internet Connecti (Wireless Routers INCLUDED) may If Discovered, the hotel res	interfere wi	th the hotel network an	d therefor	e NOT ALLOW
FORM OF PAYME	NT - CREDIT	CARD ONLY - NO CHECK	ALLOWED)
CREDIT CARD (MC, AX, DISCOVER, VISA)	l			
ACCOUNT NUMBER				······································
NAME ON CREDIT CARD	1			
EXPIRATION DATE				
	_			
AUTHORIZED SIGNATURE	1			
AUTHORIZED SIGNATURE	<u> </u>			