

Expo Temps, Inc.

Convention Services

BOOTH STAFFING ORDER FORM

EVENT			
Market Suite #:			
Company Name:			
Mailing Address:	Street: _____	City: _____	State: _____ Zip: _____
Contact Information:	Print Name: _____	Phone: _____	Fax: _____ Email: _____

SERVICES	No. Of Personnel	Dates	Start Time	End Time
Booth Assistance				
Sales Associate				
Greeter				
Server				
Demonstrator				
Lead Retriever				
Clerical Services				
Interpreter _____				
Other _____				

PLEASE COMPLETE TOP PORTION OF THIS FORM AND FAX TO 312-416-7991 TO RECEIVE A FORMAL PROPOSAL. METHOD OF PAYMENT MUST BE SUBMITTED AND RECEIVED IN OUR OFFICE AT LEAST 10 DAYS PRIOR TO START DATE.

METHOD OF PAYMENT		[] AMEX [] VISA [] MASTERCARD
<input type="checkbox"/> CREDIT CARD	Account #: Exp. Date:	_____
Please fax this form to 312-416-7991. For your convenience, we will use this form as authorization to charge your credit card account for your advance order and any additional time incurred on-site. You will receive a final invoice paid in full after the event.	Cardholder's Name: Billing Address: City, State, Zip:	_____ _____ _____
Advance orders will be charged to the credit card number provided unless check payment accompanies order.	Cardholder's Signature: Date:	_____ _____
<input type="checkbox"/> COMPANY CHECK <i>(must accompany order)</i> Please make checks payable to Expo Temps and mail to address below.*		*PLEASE NOTE: FULL PAYMENT MUST BE RECEIVED AT LEAST 10 DAYS PRIOR TO START DATE.

EXPO TEMPS, INC.
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