



Data & Telecom Services

Return Form To:
650 Okeechobee Blvd.
West Palm Beach, FL. 33401
Attn: Exhibitor Services

Phone: 561-366-3000
Fax: 561-366-3023
Email: exhibitorservices@pbconventioncenter.com

To receive advance rate, orders and full payment must be postmarked 14 days prior to the first scheduled show date.

Event Name:				Booth #	
Exhibiting Company:			Dates - From:		To:
Address:				Ordered By:	
City:	State:	Zip Code:	E-Mail:		
Phone:		Cell:	Fax:		
Service Descriptions			Quantity	14 Day Advance	Base Rate
					Total
Hard-Wired Internet Service					
Hardlined Internet Connection - per day				\$100.00	\$200.00 \$
Run of Show - Per Connection - Up to 14 days				\$300.00	\$400.00 \$
Each Additional Connection - Run of Show - Up to 14 days				\$200.00	\$300.00 \$
Upgrade to Public IP (Run of Show)				\$250.00	\$500.00 \$
Wi-Fi Internet Service Provided Complimentary By The Palm Beach County Convention Center					
No Routers					
Wireless Services					
Encrypted SSID for POSs (Run of Show)				\$100.00	\$150.00 \$
[1] SSID - for Duration of Show - Up to 14 Days				\$900.00	\$1,200.00 \$
Dedicated SSID / Splash Page (Run of Show)				\$2,000.00	\$2,500.00 \$
Data Equipment Rentals					
Ethernet Patch Cable				\$35.00	\$50.00 \$
Telephone Services					
VoIP Digital Phone Package includes: (1) VoIP Phone Model 35 & (1) Digital Connection		\$250.00 + \$33.65 CST Tax = \$283.65	\$300.00 + \$40.38 CST Tax = \$340.38	\$	
Analog Telephone Line Only		\$200.00 + \$26.92 CST Tax = \$226.92	\$250.00 + \$33.65 CST Tax = \$283.65	\$	
Labor: IT Techs are available for Customer Support at \$80.00 per hour, 1/2 hour min.				\$40.00	\$40.00 \$
				TOTAL	\$
Special Instructions:					

Prices listed are for the entire show.

By signing and returning this form, customer agrees to all terms and conditions printed on this form and related documents. The PBCCC reserves the right to correct orders that have been figured incorrectly. Tax rates are subject to change without notice.

Signature: _____ Date: _____

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Check Payable To: Palm Beach County Convention Center		
Account No: _____	Exp. Date (MM/YY) _____	Verification Code _____
Cardholder Name (Please Print) _____		
Authorized Signature*: _____		
Credit Card Billing Address: _____		
City/State/Zip: _____		

* I ALSO AUTHORIZE CHARGING ANY UNPAID BALANCES TO MY CREDIT CARD. SEE REVERSE SIDE FOR PAYMENT TERMS AND CONDITIONS.