



22 E. Fifth Street, Dayton, OH 45402
 Phone: 937.333.4700 Fax: 937.333.4711

Phone Order Form

Name of Exhibition or Show: _____ Booth No.: _____
 Firm / Booth Name: _____ Show Date: _____
 Address: _____ Phone No.: _____
 City: _____ State: _____ Zip: _____ Email: _____
 Contact: _____ Signature: _____

Please submit orders as early as possible to facilitate accurate service

Signature of Requesting party on order form indicates understanding of the following conditions:

Terms & Conditions:

- 1 Payment for must accompany phone orders before any services are provided, unless arrangements are made with our utility staff.
- 2 Only **Dayton Convention Center** personnel are authorized to modify system wiring and cables.
- 3 **AT&T** is the exclusive provider of telecommunications for the Dayton Convention Center.
- 4 Exhibitor will be fully responsible for the protection and safekeeping of telephone equipment. Charges will apply for all damages and loss of equipment.
- 5 Rate quoted for phone service covers only the most convenient manner of bringing the service to the booth or room.
- 6 Prices are based on current rates and are subject to change.
- 7 **You must dial "9" to reach an outside line. Credit card machines must be configured to dial "9".**
- 8 All lines are analog and are toll free and long-distance equipped. Phone use is unlimited throughout event. No Call Waiting, Speed Dialing or Call Forwarding is available. **Use of conferencing equipment needs to be approved before installation.**

On-site rate applies to all orders received within 5 business days of event!

TELEPHONE SERVICE

QTY	DESCRIPTION OF SERVICES	RATE (Each)	TOTAL
	Telephone service drop to the booth (Analog service)	\$275.00	
	On-Site telephone service rate	\$500.00	
FOR HIGH-SPEED WIRELESS INTERNET SERVICE SEE OCEAN LAN ORDER FORM		Grand Total	

BILLING INFORMATION:



CREDIT CARD BILLING INFORMATION
 VISA or MasterCard ONLY



CARD NUMBER: _____ Name _____
 EXPIRATION DATE: _____ Billing Address and Name as it appears on your statements Address _____
 SIGNATURE: _____ PO Box _____
 City: _____
 State: _____

(CHECK HERE IF PAYING BY CHECK) CHECK # _____ AMT\$ _____

(CHECK HERE IF PAYING CASH) RECEIVED BY _____ AMT\$ _____