

(X)

## TELEPHONE & CABLE TV SERVICE CONTRACT SANTA CLARA CONVENTION CENTER



Exhibitor Company Name:		Booth/Room#:	Show Name:						
Billing Company Name:			Show Start Date:			Show	Show End Date:		
Billing Company Address:				INCENTIVE ORDER DEADLINE:  14 DAYS PRIOR TO 1ST DAY OF SHOW MOVE-IN					
City, State, Zip:			On-site Authorized Contact:				Show End Date:  AY OF SHOW MOVE-IN  On-site Cell Number:  Cell Number:  ASE ON-SITE TOTAL		
Contact Name:	Phone Number:		Contact Email:		Cell Number:				
VOICE SERVICES, PBX Se	rvice – Domestic L	ong Distance Inc	cluded (	QTY	INCENTIVE*	BASE	ON-SITE	TOTAL	
Single Line □ Instrument □ Non Dial 9 □ International Long Dia			Distance		\$275	\$345	\$414		
Multi Line Phone with (1) main number and (1) rollover line					\$415	\$520	\$624		
Speaker Phone Line with Polycom Instrument					\$465	\$575	\$690		
CABLE TV SERVICE			C	QTY	INCENTIVE*	BASE	ON-SITE	TOTAL	
Digital – Premium Cable TV Service					\$500	\$575	\$650		
A \$150 refundable deposit for e	ach Digital Converte	r is required for ed	ach service or	dered					
SPECIAL SERVICES				QTY	INCENTIVE*	BASE	ON-SITE	TOTAL	
Labor / Floor Work – four lines per hour					\$125	\$125	\$125		
Distance Fee for each Telephone line delivered outside the facilit			ty		\$100	\$100	\$100		
Distance Fee for each Cable TV line delivered outside the facility			/		\$500	\$500	\$500		
SPECIAL QUOTE, Attachmen	nt A or Statement o	of Work (if appl	licable)						
I hereby acknowledge the above listed on-site authorized contact is permitted to make on- site changes to my order. I also acknowledge any change to my order could result in the credit card on file being charged. Upon execution of this document the Customer hereby authorizes Smart City Networks to provide services as requested herein, is authorized to				n-	SUBTOTAL				
				istomer hereby		ESTIMATED 10% TAX/FEES			
request such services and acknowledges full and complete understanding o Conditions.			f the Terms and			GRAND TOTAL			
ACCEPTA	ANCE OF TERMS	AND CONDIT	IONS AND	D AU	THORIZATIO	N OF OR	DER		
Printed Name:			Signature:					ate:	

## PAYMENT IN FULL IS REQUIRED PRIOR TO THE EVENT

(X)

When your order is processed, you will receive an email with a link to Smart City Networks payment portal where you can **pay via credit card.** 

Make checks payable to Send completed form(s) with payment to:

SMART CITY NETWORKS 5795 W. Badura Avenue, Suite 110 Las Vegas, NV 89118



