*INCENTIVE RATE APPLIES TO ORDERS RECEIVED WITH PAYMENT 14 DAYS PRIOR TO 1 ST DAY OF SHOW MOVE-IN



TELEPHONE & CABLE TV SERVICE CONTRACT SANTA CLARA CONVENTION CENTER



hibitor Company Name: Booth/Room#:		Show Name:						
Billing Company Name:			Show Start Date:		Show End Date:			
Billing Company Address:			INCENTIV		DER DEADLINE:			
			14	4 DA`	YS PRIOR TO 1ST DAY OF SHOW MOVE-IN			
City, State, Zip:	Count	ry:	On-site Authorized Contact: On-s		On-sit	ite Cell Number:		
Contact Name:	Phone Number:		Contact Email:		Cell N	Cell Number:		
VOICE SERVICES, PBX Se	ervice – Domestic Long D	oistance In	cluded	QTY	INCENTIVE*	BASE	ON-SITE	TOTAL
Single Line 🛛 Instrument 🗳 1	Non Dial 9 🛛 Internatio	onal Long	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				QTY	INCENTIVE*	BASE	ON-SITE	TOTAL
Digital – Premium Cable TV Service					\$500	\$575	\$650	
A \$150 refundable deposit for e	ach Digital Converter is req	juired for ea	ach service o	rdere	d			
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 facili			ty		\$100	\$100	\$100	
Distance Fee for each Cable TV line delivered outside the facility					\$500	\$500	\$500	
SPECIAL QUOTE, Attachme	nt A or Statement of Wc	ork (if app	licable)					
l 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			on-	SUBTOTAL				
credit card on file being charged.	Upon execution of this docu	ument the C	Customer here	eby	by ESTIMATED 10% TAX/FEES			
authorizes Smart City Networks to request such services and acknowle	provide services as request dges full and complete und	ted herein, erstanding (is authorized of the <u>Terms o</u>	to and		GRA	ND TOTAL	
Conditions.		-						

ACCEPTANCE OF TERMS AND CONDITIONS AND AUTHORIZATION OF ORDER

Printed Name:	Signature:	Date:
(X)	(X)	//

PAYMENT IN FULL IS REQUIRED PRIOR TO THE EVENT

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



ORDER NOW (🕽

Customer Number: