

# Expo Temps

Convention Services

## STAFFING RESERVATION FORM

EVENT:				
BOOTH #:				
COMPANY NAME:				
MAILING ADDRESS:	STREET:			
	CITY:	STATE:	ZIP:	COUNTRY:
	PRINT NAME:			
CONTACT INFORMATION:	PHONE:	FAX:	EMAIL:	

SERVICES	RATES PER HOUR*	# OF STAFF	DATES	START TIME	END TIME
UNPACKING/ SET-UP ASSISTANCE	\$35 / \$30 preorder rate**				
BREAKDOWN / PACKING ASSISTANCE	\$35 / \$30 preorder rate**				
CASHIER / RUNNER / ASSISTANT	\$35 / \$30 preorder rate**				
SALES ASSISTANT / LEAD RETRIEVER	\$35 / \$30 preorder rate**				
HOSTESS / GREETER / SERVER	\$35 / \$30 preorder rate**				
STEAMER / WARDROBE ASSISTANT	\$35 / \$30 preorder rate**				
BOOTH DESIGN CONSULTATION	<i>Please request proposal.</i>				
OTHER	<i>Please request proposal.</i>				

RESERVATIONS ARE REQUIRED. ON-SITE SERVICES ARE NOT AVAILABLE.

\*THERE IS A NON-REFUNDABLE, FOUR (4) HOUR MINIMUM PER PERSON, PER DAY.

\*\*SUBMIT RESERVATION (10) BUSINESS DAYS OR MORE PRIOR TO START DATE TO RECEIVE DISCOUNTED PREORDER RATE!

METHOD OF PAYMENT - MUST ACCOMPANY ORDER		<input type="checkbox"/> AMEX	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
<input type="checkbox"/> CREDIT CARD	ACCOUNT#:			
	EXP. DATE:		CVC#:	
For your convenience, we will use this form as authorization to charge your credit card account for your reservation and any additional time incurred on-site. A final invoice will be provided after the event.	BILLING ADDRESS:			
	CITY, STATE, ZIP:			
Advanced orders will be charged to the credit card number provided, unless check payment accompanies reservation.	CARDHOLDER'S SIGNATURE:			
	DATE:			
<input type="checkbox"/> COMPANY CHECK ( <i>must accompany order</i> )	**PLEASE NOTE:			
Checks should be made payable to : EXPO TEMPS	FULL PAYMENT MUST BE SUBMITTED WITH RESERVATION PRIOR TO START DATE!			

EXPO TEMPS

3400 West 111th Street, #461, Chicago, Illinois 60655

PH: 312-834-3473 - Email: ExpoTemps@gmail.com