

# Booth Monitor Order Form



## LAS VEGAS

MARCH 25 - 27, 2019

EXHIBITION DATES: MARCH 26-27

**Advance Order Deadline: February 25, 2019**

Show Management will provide reasonable security in the exhibit area during installation, show days, and dismantling, however many exhibitors elect to use Special Booth Monitoring Services. These services are available at the rate of \$26.00 per hour when this form and payment for ordered services are received on or before the above Order Deadline Date, and \$31.00 per hour for all orders after the above order deadline date. A six-hour minimum per shift per security monitor is in effect.

**Payment in full must accompany order**

Please indicate the dates and hours that you will require Special Booth Monitoring Services

Date & Time Start	Date & Time Finish	Total Hours	Date & Time Start	Date & Time Finish	Total hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Number of Hours \_\_\_\_\_ @ \$ \_\_\_\_\_ Per Hours = \$ \_\_\_\_\_

Plus 3.5% Processing fee = \_\_\_\_\_ Grand Total = \$ \_\_\_\_\_

Security Personnel should remain in booth until released  Yes  No Exhibitor is responsible for additional charges

**If not checked our personnel will leave your booth at the designated time**

**Please use the area on next page to list representatives who are authorized to release our personnel**

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  Visa

Cardholders Name \_\_\_\_\_

3 Digit Security Code on back of card: \_\_\_\_\_ 4 digit code if AMEX from front of card \_\_\_\_\_  MasterCard

Cardholders Billing Address \_\_\_\_\_  Amex

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  Corporate Card

Cardholders Signature: \_\_\_\_\_  Personal Card

Booth No \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Authorized Company Representative \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

**\*\*PLEASE COMPLETE THE NEXT PAGE\*\***

As requested on the front side of this order form, the **contract security company** will provide special booth monitoring services and is authorized to enter said booth at all times necessary to perform their duties.

#### LIABILITY

It is understood that neither the **contract security company**, nor **show management**, or their **agents** is an insurer of persons and/or property. The CLIENT, if desired, shall obtain such insurance. Sums paid to the **contract security company** by the CLIENT are not related to the value of the CLIENT's property or to other property located on the CLIENT's premises. The sole intent of the **contract security company** is to provide a visible deterrent. The contract security company is being paid for services designed to deter certain risks or losses and all amounts being charged are not sufficient to guarantee that the service supplied will avert or prevent occurrences, or losses there from, for which the service is designed to deter or avert. The **contract security company** and its **subcontractors** shall not be liable to any extent whatsoever for any actual, potential or assumed loss of profits or revenues or for any collateral costs that may result from any loss or damage to CLIENT's material, which make it impossible or impractical to exhibit same. The CLIENT, as a result of this Agreement, does not seek indemnification from the **contract security company**, nor **show management**, or their **agents**, against any damages or losses caused by hazards to the CLIENT's property, or to the property or person of any third party while the **contract security company** is engaged in the execution of this Agreement. The signature on the other side of this form of the authorizing party requesting booth monitoring services also indicates acceptance of the conditions of this Agreement as stated above.

#### AUTHORIZED TO RELEASE SECURITY OFFICER / EMERGENCY CONTACTS

In the event of an emergency, it is requested that the following persons be notified on behalf of the CLIENT.

1. \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
5. \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
6. \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**Please send order and payment to:**

DTA Security Services, LLC  
6362 McLeod Drive, Suite 5  
Las Vegas NV 89120  
Phone: 702-650-2298  
Fax: 702-920-8340  
[order@dtasecurityservices.com](mailto:order@dtasecurityservices.com)  
Nevada PILB 1067