

SOUTH SAN FRANCISCO CONFERENCE CENTER

Technical Service Order Form

Event Name _____ Today's Date _____

Event Date(s) _____ Date/Time Installation Requested _____

Authorized Client Contact _____

Name of Exhibit (if applicable) _____

Authorized Exhibitor Contact _____ Booth # _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____ Email _____

On-site Contact _____ On-site Telephone # _____

**ALL ORDERS RECEIVED WITHIN SEVEN (7) DAYS OF THE EVENT DATE
WILL BE CHARGED AN ADDITIONAL \$75 PER EACH SERVICE ORDERED**

Internet Service *Wireless access at limited speed is complimentary. Connection includes one (1) RJ45 Ethernet connection to client location or exhibit booth and one (1) IP address.*

	<u>Quantity/Cost per Event (in US Dollars)</u>	<u>Total</u>
• Shared T1 – 1.5 Mbps Ethernet Service	_____ @ \$500.00	_____
• Dedicated T1 – 1.5 Mbps Ethernet Service	<i>Call for Quote at Least 30 Days in Advance of Event</i>	_____
• Five (5) Additional IP Addresses	_____ @ \$95.00	_____
• 8-Port 10/100 PoE Switch	_____ @ \$75.00	_____
• Firewall, DHCP Device Preconfigured for NAT	_____ @ \$125.00	_____
• Labor Rate for Technical Services to Configure Equipment, Resolve Computer Issues, etc. (1 hour minimum)	_____ hrs @ \$125.00/hr.	_____

Clients/exhibitors are responsible for set up and configuration of desk-top and/or lap-top computers. Hardware must include ethernet network adaptor with RJ45 connector; software must be set up for TCP-IP protocol.

Telephone Service

	<u>Quantity/Cost per Event (in US Dollars)</u>	<u>Total</u>
• Digital Telephone Line with Assigned Number Terminated on a RJ11 Jack Instrument Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ @ \$125.00	_____
• Analog Telephone Line with Assigned Number Terminated on a RJ11 Jack	_____ @ \$125.00	_____
• Voice Over IP DID with Telephone Handset	_____ @ \$75.00	_____
• IP Telephone Instrument	_____ @ \$50.00	_____
• ISDN Service	<i>Call for Quote at Least 30 Days in Advance of Event</i>	_____

Local and long distance calls billed at applicable per minute call rates following the event. Clients/exhibitors are responsible for preprogramming all personal equipment; ie., credit card terminals, modems; for dial "9" access.

TOTAL AMOUNT DUE \$ _____

Payment/Terms

Service cannot be installed until order form and payment are processed. Visa, MasterCard and American Express are accepted. Checks will be accepted up to 14 days prior to the event.

I authorize these charges on my credit card (check one): Visa MasterCard American Express

Card Holder Name _____

Card Number _____ Security Code (3 digits) _____ Exp. Date _____

Card Holder Billing Address _____

Card Holder Signature _____

Please fax form with payment information or mail form with payment to:

Jorge Cruz, Facility Services Manager
South San Francisco Conference Center, 255 South Airport Blvd., South San Francisco, CA 94080
www.ssconf.com • phone 650-877-3996 • fax 650-877-5356

