

## Booth Security Order Form



Show or Convention : **F & I CONFERENCE**

Location : **LAS VEGAS HILTON**

Dates: **SEPTEMBER 26 - 28, 2011**

Booth security service : \$ 20.00 per hour when ordered by September 26, 2011  
\$ 25.00 per hour when ordered after September 26, 2011

**TOTAL =**

Service as follows : (6 hour min.)

Payable 100% in advance of service. American Express, Visa, Mastercard or checks accepted.

Date	Day	Start Time	Finish Time	# of Guards	Total Hours

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Pro-Tect Security is not an insurer. Charges are based solely upon the value of services provided for, and are unrelated to the value of the client's operations, property or the property of others.

The amounts payable by the client are not sufficient to warrant Pro-Tect assuming any risk of damage or loss to property due to Pro-Tect's negligence or failure to perform.

Pro-Tect Security, its agents and representatives, will provide all necessary safeguards and shall assume no liability for life, accident, theft of property, damage to property or any other loss due to factors beyond our control. The client, by signing this agreement holds Pro-Tect Security harmless for any and all losses and agrees to have in effect at the time of signing this agreement, insurance to cover all product, and personal damages and any claims arising from engaging in business as an exhibitor at F & I Conference 2010.

**Please Print**

Card Type : (4 ½% processing fee) American Express [ ] Visa [ ] Mastercard [ ] 3 or 4 digit security code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Print Name of Cardholder: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

**Invoice Information**

Pro-Tect Security  3511 S. Eastern Avenue  Las Vegas, Nevada 89169  Phone: (702) 735-0110 Fax: (702) 735-7793  Force1@Pro-TectSecurity.Com  www.Pro-TectSecurity.com	Company Name: _____ Date: _____
	Address: _____
	City : _____ State: _____ Zip: _____
	Company Rep: _____ Phone: _____ Fax: _____
	E-Mail: _____ Location/Booth #: _____

Client Signature: \_\_\_\_\_

PO #: \_\_\_\_\_

**CLIENT TO VERIFY SCHEDULE  
Fax or E-Mail Completed Form**