Connecticut Convention Center

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Forms available online at www.ctconventions.com

CL _____

BOOTH CLEANING SERVICE ORDER FORM

Name of Event:	Date of Event:
Firm Name:	Booth Number:
Street Address:	Contact Person:
City, State, Zip:	On-Site Phone Number:
E-mail Address:	

Payment notice – services will not be supplied until total due is paid in full.
Tax must be included unless you submit State of CT Tax Exemption documentation with your order form.
Check payment method only accepted on prepaid orders.
Pre-Paid rates apply to orders paid in full and received 1 day prior to first scheduled move in day.
On-Site rates apply after the 1 day cut off rate. No exceptions.

Payment Information Must Accompany Order		
Money Order #:	Check #:	
☐ MasterCard ☐ Discover Card ☐ Visa ☐ American Express		
Name on card:		
Billing Address **(if different from above)**:		
Billing City:	State:	Zip Code:
Credit Card #:		
Expiration Date:	Security Code:	
Authorized Signature:		

Booth Size _____ X_____ = _____ sq.ft. (100 sq.ft. minimum)

Vacuuming Cost per day	# of days	Sq. Ft.	Pre-Paid Rate	On-Site Rate	Subtotal	CT 6.35% Tax	Total
Show Days (morning prior to show open)			.20 sq/ft	.25 sq/ft			
Shampooing *Carpets shampooed prior to show open only	# of days	Sq. Ft.	Pre-Paid Rate	On-Site Rate		CT 6.35% Tax	Total
Shampooing			.35 sq/ft	.40 sq/ft			
Trash Removal Cost per day	# of days		Pre-Paid Rate	On-Site Rate		CT 6.35% Tax	Total
Show Days			$70.00/day	$75.00/day			

Please indicate specific dates of all Booth Cleaning services here: _____/_____/_____ to _____/_____/_____

Trash removal service is provided periodically throughout requested days

ORDER TOTAL: