

COMMUNICATION SERVICES LABOR TICKET

Please complete this form along with your Order and Payment Summary Form (pg. 8) if you require service installation by a specific date or networking/fanning out of CAT5 cables.

EVENT NAME: RSNA 2017	EVENT DATES: November 26 - December 1, 2017
COMPANY NAME:	REQUESTED BY (Name):
BOOTH #:	DATE:
BUILDING: <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST	
THE LINE BELOW IS FOR INTERNAL USE	
WORK ORDER #:	MCCORMICK PLACE ASSIGNED PHONE #'S:

DATE & TIME LABOR REQUESTED: _____

DESCRIPTION OF WORK:

Pre-wire booth prior/early installation

Install inside booth wiring for customer owned phone system

Fanning out network (Internet/fiber/etc.) drops inside booth

Other: Please specify _____

THE TABLE BELOW IS FOR INTERNAL USE

Date	Technician	Straight Time Hours Code 3930 @ \$96.00	Overtime Hours Code 3940 @ \$140.00	Double time Hours Code 3950 @ \$184.00	Inbound or Outbound Labor (Designate below)

I acknowledge that by signing this ticket I agree to pay the total charges at the time of invoicing.

Authorized Signature: _____

Print Name: _____

Date: _____

Technology Services Routing Instructions

Original: Keep in show site folder
Copy: fax copy to the telephone equipment room.

Total Amount \$

Please call us if you would like assistance completing this form (312) 791-6113.

ORDER AND PAYMENT SUMMARY FORM

COMPANY NAME:		BOOTH #:	SQ. FT.:
ADDRESS:		PHONE #:	
CITY:	STATE:	ZIP:	FAX #:
TODAY'S DATE:			
ON-SITE CONTACT NAME:		CELL #:	
EMAIL ADDRESS:		SUBMITTED BY:	

EVENT NAME: RSNA 2017	DATE RECEIVED: FOR OFFICE USE ONLY	
EVENT CODE: 18548	ORDER #:	
DEADLINE DATE: October 31, 2017	CUST #:	CK AMT \$:
EVENT DATES: November 26 - December 1, 2017	BATCH #:	CK#:

WHEN ORDERING ANY TECHNOLOGY SERVICE, THIS FORM MUST BE COMPLETED AND RETURNED WITH THE FLOORPLAN TEMPLATE AND THE SERVICE ORDER FORM(S). PLEASE INDICATE BELOW THE METHOD OF PAYMENT. PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

REGARDLESS OF THE METHOD OF PAYMENT YOU SELECT, AN APPROVED CREDIT CARD MUST BE ON FILE.

PLEASE MARK APPROPRIATE BOXES BELOW.

COMPANY CHECK NUMBER _____ ● WIRE TRANSFER ● CREDIT CARD

ALL PAYMENTS MUST BE IN U.S. FUNDS DRAWN ON A U.S. BANK, MAKE CHECKS PAYABLE TO: MCCORMICK PLACE/SMG

THIS AUTHORIZATION WILL BE USED TO CHARGE YOUR CREDIT CARD ACCOUNT FOR YOUR ADVANCE ORDERS AND ANY ADDITIONAL AMOUNTS INCURRED AS A RESULT OF SHOW SITE ORDERS PLACED BY YOU OR YOUR REPRESENTATIVES AND ANY ASSOCIATED MEETING ROOM COSTS. THESE CHARGES MAY INCLUDE LABOR, MATERIAL AND TELEPHONE USAGE. PLEASE COMPLETE THE INFORMATION BELOW.

OR

FULL ORDER PAYMENT IS ENCLOSED. THE CREDIT CARD INFORMATION BELOW IS REQUIRED TO BE KEPT ON FILE. YOUR CREDIT CARD WILL NOT BE CHARGED UNLESS THERE IS AN OUTSTANDING BALANCE ON YOUR ACCOUNT AT THE END OF YOUR SHOW AND PAYMENT IS NOT RECEIVED FOR SUCH BALANCE PRIOR TO YOU LEAVING OUR FACILITY.

EXHIBITOR AUTHORIZATION

CREDIT CARD NO.:	
EXPIRATION DATE:	
<input type="checkbox"/> PERSONAL CREDIT CARD	<input type="checkbox"/> COMPANY CREDIT CARD
CARDHOLDER'S NAME (PRINT):	
CARDHOLDER'S SIGNATURE:	
BILLING ADDRESS:	
CITY/STATE/PROVINCE/ZIP:	
PHONE (EXT):	FAX:

PLEASE CALCULATE YOUR SUB-TOTAL FROM EACH SECTION IN THE AREA BELOW

Telephone	\$
Cable TV	\$
Internet	\$
*Tel/Internet tax	\$
GRAND TOTAL	\$

PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE
Order and Full Payment Must Be Received By Deadline Date for Advance Rate.

Labor Not Included

FOR THE USE OF AN EXHIBITOR APPOINTED CONTACTOR:
 WE UNDERSTAND AND AGREE THAT WE, THE EXHIBITING FIRM, ARE ULTIMATELY RESPONSIBLE FOR PAYMENT OF THE CHARGES. IN THE EVENT THAT THE NAMED THIRD PARTY DOES NOT DISCHARGE PAYMENT OF THE INVOICE PRIOR TO THE LAST DAY OF THE SHOW, CHARGES WILL REVERT TO THE EXHIBITING COMPANY. ALL INVOICES ARE DUE AND PAYABLE UPON RECEIPT, BY EITHER PARTY.

THIRD PARTY AUTHORIZATION

CREDIT CARD NO.:	
EXPIRATION DATE:	
<input type="checkbox"/> PERSONAL CREDIT CARD	<input type="checkbox"/> COMPANY CREDIT CARD
CARDHOLDER'S NAME (PRINT):	
CARDHOLDER'S SIGNATURE:	
BILLING ADDRESS:	
CITY/STATE/PROVINCE/ZIP:	
PHONE (EXT):	FAX:

Your signature indicates that you have read and Fully understand our payment policy, terms and conditions.

Signature: _____

Please contact us if you need assistance:
 (312) 791-6113 (Call Center)
 technology@mccormickplace.com (E-Mail)

Order Technology Services On-Line At:
 www.mccormickplace.com

PAYMENT POLICY

Your on- site representative must be aware of this payment policy and be prepared to make payment upon installation of technology services. **Payment must be made by credit card or company check.** Regardless of the method of payment you select, **an approved credit card must be on file.**

The exhibiting firm is responsible for payment. If an agent is hired to handle display and/or billing for any services, the exhibiting firm and its agent must complete the section entitled **THIRD PARTY AUTHORIZATION** on the Order and Payment Summary Form. Upon confirmation of your third party agent's satisfactory credit rating, third party billing arrangements will be made.

For charges that are invoiced, payment is due upon receipt of invoice. Any charges unpaid 30 days after the invoice date will incur a finance charge of 1.5% per month, 18% annually, or the maximum legally allowable rate, whichever is lower. In addition, all future orders will be on a pre-paid basis only.

This payment policy agreement shall be governed by and construed in accordance with laws of the STATE OF ILLINOIS.

CANCELLATION POLICY

For full cancellation of all technology services ordered, a cancellation fee in the amount of 10% of the value of the services ordered will be charged.

For partial cancellation of technology services ordered, but not yet installed, no cancellation fees will be incurred.

For partial cancellation of technology services ordered and installed, but not yet used by the exhibitor, a cancellation fee of 10% plus the installation labor costs will be charged.

For cancellation of an Internet line that has been installed but not yet used, a 50% cancellation fee will be charged.

For cancellation of telecommunication services that have been installed and used, the full cost will be charged.

LIMITATION OF LIABILITY

Any liability of McCormick Place for the provision of services, or the failure to provide services or with respect to any claim, loss or cause of action arising from the provision of services or the failure to so provide is limited to the amount actually paid for the services in question.

SUBMITTING YOUR ORDER

**ALL PAYMENTS MUST BE IN U.S. FUNDS DRAWN ON A U.S. BANK. MAKE CHECK PAYABLE TO:
"MCCORMICK PLACE / SMG"**

[Click here to access the Calendar of Events and begin your On-Line order.](#)

- US mail/First Class Mail/Couriers or Overnight Express (remember to allow ten days):
Metropolitan Pier and Exposition Authority • McCormick Place/SMG
301 E. Cermak Road • Chicago, IL 60616
- Wire Transfer:
BMO Harris Bank, N.A. • 111 West Monroe Street, Chicago, IL 60603 • ABA Routing # 071000288 • ACH Routing # 071000288 • Account #329-793-4 • Attn: SMG McCormick Place Depository
All wire transfers should include the following information:
 - Your company name • The event/show name • Your booth/space number • Your order/invoice number (if applicable).

Federal Tax ID Number: 366009091
Illinois Tax ID Number: E9988509303