



# Staff Pro Inc. Exhibitor Booth Coverage Order Form

ACG 2009 Annual Scientific Meeting  
San Diego Convention Center  
October 23, 2009 - October 28, 2009



STAFF PRO is pleased to offer high-quality EXHIBITOR BOOTH COVERAGE SERVICE for those exhibitors who desire booth coverage for their individual booths beyond that level which has been arranged for by Show Management. Please direct inquires and orders regarding this service to:

**STAFF PRO INC.**  
2667 Camino Del Rio South, Suite 306  
San Diego, CA 92108  
Tel 619-294-3990 x-106 Fax 619-544-1748  
Email: dgooch@staffpro.com  
Attn: Demond Gooch

BOOTH # \_\_\_\_\_

### Exhibitor Information

Full Payment is due on the estimated total cost of service **MUST** be received **PRIOR** to acceptance of order. Payments will be accepted in the form of: Credit Card, check or money order



Email Completed Orders to: (Preferred)  
dgooch@staffpro.com

Fax Completed Orders to:  
619-544-1748



Mail Checks to:  
Staff Pro Inc.  
2667 Camino Del Rio South, Suite 306  
San Diego, CA 92108

Please enclose a copy of the booth order form to allow accounting department to properly allocate the payment.

Complete/update your company information below. Please type or print clearly

COMPANY NAME _____		COMPANY CONTACT FOR BILLING PURPOSES _____	
STREET ADDRESS _____		CITY _____	STATE _____ ZIP _____
PHONE _____	FAX _____	WEB _____	EMAIL _____ PO#: _____ (Not Required)
Please list below any additional onsite contacts and phone numbers:			
NAME/PHONE _____	NAME/PHONE _____	NAME/PHONE _____	

### DEPOSITS AND PAYMENTS

We understand this Booth Coverage order becomes a binding contract when accepted by Staff Pro Inc. We agree to abide by the attached Term and Conditions detailed on the 2nd page of this contract.

#### ALL SECTIONS MUST BE COMPLETED BELOW TO PROCESS CREDIT CARD PAYMENT

Full payment of the booth security fees must be received within 14 days of the faxed Exhibitor Booth Coverage Order Contract. If placed on a wait list your payment will be held. Any additions to the order will be billed to client via US Postal unless otherwise instructed on this contract.

All orders submitted without a deposit will not be processed and coverage will not be provided until payment is received.

**Important:**  
Exhibitor hereby irrevocably and unconditionally authorizes Staff Pro Inc to automatically charge Total Deposit upon acceptance of contract on or before services begin.

VISA       MC       AMEX

Credit Card Number : \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Print name as it appears on card) \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

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

If this authorization is for a deposit, would you like Staff Pro to charge the balance due at the end of the event?  
 Yes       No, Please bill me per contract terms

### RATES

**BOOTH OFFICER:** \$26.50 per hour; applied to all orders received 15 days prior to the first Move In day or earlier  
**BOOTH OFFICER:** \$35.50 per hour; applied to all orders received 14 days OR FEWER PRIOR to the first Move In day.  
**BOOTH OFFICER:** \$44.50 per hour, applied to all orders received on or after the start of the first Move In day  
**ARMED/POLICE OFFICER:** Call for Rate: applied to all orders received at least 10 days prior to the event  
**NO ON-SITE ORDERS FOR ARMED OR POLICE OFFICERS.**

### Hours Requested:

Please indicate what time you would like to have officer arrive at the booth.  
**NOTE: All coverage will have 1/2 hour added to the post time for deployment (briefing, paperwork and arriving to location on time)**

**NOTE:** Should officer remain until a company representative arrives onsite?  Yes  No

Day/Date: _____	Post Time: _____	Day/Date: _____	End Time: _____	Total Hours: _____
Day/Date: _____	Post Time: _____	Day/Date: _____	End Time: _____	Total Hours: _____
Day/Date: _____	Post Time: _____	Day/Date: _____	End Time: _____	Total Hours: _____
Day/Date: _____	Post Time: _____	Day/Date: _____	End Time: _____	Total Hours: _____
Day/Date: _____	Post Time: _____	Day/Date: _____	End Time: _____	Total Hours: _____

Total Hours requested: \_\_\_\_\_  
Applied Rate: \_\_\_\_\_  
Total Due With Order: \_\_\_\_\_