

Knoxville Convention Center Booth Security Guard

Order at: kate.jackson@asmknoxville.com or call 865-740-0477

or complete this form and submit via mail with payment.

***Payment must be received 30 days prior to 1st move in date to receive Advance Rate.
If you want to pay with credit card finance will call you once form is received to get payment.**

Company Name _____ Event Name: _____
 Address _____ Event Date _____ Booth/Room# _____
 City, State, Zip _____ On Site Contact Name _____
 E-mail _____ Phone _____ Cell _____

**Order Request information: Be sure to schedule maximum hours needed (4.0 hour minimum).
"From" should be 30 minutes prior to post.**

Date _____ From _____ To _____ = Total Hours _____
 Date _____ From _____ To _____ = Total Hours _____
 Date _____ From _____ To _____ = Total Hours _____
 Date _____ From _____ To _____ = Total Hours _____
 Date _____ From _____ To _____ = Total Hours _____
 Date _____ From _____ To _____ = Total Hours _____
 Date _____ From _____ To _____ = Total Hours _____

Security Description:	Hours	*Advance Rate	Floor Order	Amount
Security Booth Guard- Unarmed (Qty = total hours)		\$ 38.00	\$ 57.00	\$
Security Supervisor-Unarmed (Qty = total hours)		\$ 43.00	\$ 64.50	\$
Knoxville Police Officers (Qty = total hours)		\$ 53.00	\$ 73.00	\$

Note: Labor is charged in four-hour increments. Regular Rate = Sunday through Saturday; Holidays = Double Time

Additional Terms:

1. Credit will not be given for equipment or personnel ordered & not used.
2. Prices are subject to change without notice.
3. For Knoxville Police Officers must be turned in 3-4 weeks prior to 1st move-in date.
4. On-site ordering is not guaranteed to get filled for Unarmed security and KPD Officers.
5. Client alone shall assume responsibility for loss or damage to equipment possessed.

Total Due \$

Post Instructions:

Please provide a brief description of any details that may need to be shared with the guard working your booth:(Example: Persons authorized to remove product, etc.) Overnight Guards need to know who can release them each day. Need on-site contact name and cell phone number of who they need to report to.

Your signature on this form serves as acceptance of the terms listed.

Print Name: _____ Date: _____
 Signature: _____

Make check payable to:
 Knoxville Convention Center
 Mail to:
 Exhibitor Services KCC
 P.O. Box 2543 Knoxville, TN
 37901-2543