

Knoxville Convention Center Booth Security Guard

Order at:

billing@asmknoxville.com or call 865-251-6049

or complete this form and submit via mail with payment.

***Payment must be received 20 days prior to 1st move in date to receive Advance Rate.**

Company Name _____	Event Name: _____
Address _____	Event Date _____ Booth/Room# _____
City, State, Zip _____	Ordered By _____
E-mail _____	Phone _____ Fax _____

**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 _____

Security Description:	Hours	*Advance Rate	Floor Order	Amount
Security Booth Guard- Unarmed (Qty = total hours)		\$ 28.50	\$ 45.00	\$
Security Supervisor-Unarmed (Qty = total hours)		\$ 38.50	\$ 55.00	\$
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

<p>Additional Terms:</p> <ol style="list-style-type: none"> 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. 	<p>Total Due \$</p>
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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