Orange County Convention Center – Orlando, FL

BOOTH SECURITY GUARD SERVICE – ORDER FORM

EXHIBITOR: _____

BOOTH #: _____

CONTACT NAME: _____

EMAIL: _____

ON-SITE CELL PHONE: ( ) _____

DATE	START TIME	END TIME	TOTAL HOURS

(Minimum 4-hour Shift)

GRAND TOTAL HOUR _____

Simmons Security requires payment in full at the time your order is placed.

Advance Rate as follows: $28.00 per hr **On-site Rate as follows: $30.00 per hr**

Hour:_____ x Rate: $ _____ x 12.5%_____ TOTAL:$ _____

(5% OCCC Fee + 7.5 FL Tax = 12.5%)

PAYMEN INFORMATION:

Cardholder Name: _____

Credit Card #: _____

Exp Date: _____CVV Security Code: _____

Billing Address: _____

State: _____ Zip: _____ Telephone: _____

Signature: _____ Print Name: _____

Email or Fax this form to: Simmons Security; Email: diane@simmonssecurity.com; Fax: 866-610-9606