

## Public Safety Officer Booth Order Form

Company Name:				
Address:				
	( )Fax: ( )			
Show/Event:	Booth #:			
Name/Point of Contact at Bo	oth:			
Rate: Public Safety Officer				
Date	Quantity	Shift Start Time	Shift End Time	
Estimated Cost: # Hours	x \$38.00 per ho	our = \$		
	Grand T	otal: \$		
Credit Card Authorization				
Type:	Card Number:			
Expiration Date:	piration Date: Name on Card:			
Cardholder's Signature:				

Please email your request to: Public Safety Dept., Attn: Jourdon Morgan.

Effective Date: July 1, 2024 - June 30, 2025



