



# 2025 SEMIEXPO EXHIBITOR ORDER - BOOTH SECURITY

**BOOTH SECURITY RATES:**

Advance Order Rate (>7 days prior to Show Date)  
\* \$22.50 per hour (4-hour minimum)  
Order Rate (<7 days prior to Show Date)  
\* \$25.50 per hour (4-hour minimum)

**Send Completed Form to:**

Contemporary Services Corporation  
ATTN: Austin Fisher  
500 South Capitol Ave  
Indianapolis, IN 46225  
Email: [austin.fisher@csc-usa.com](mailto:austin.fisher@csc-usa.com)

**PAYMENT MUST BE MADE IN FULL BY CHECK OR CREDIT CARD (CREDIT CARD AUTHORIZATION REQUIRED). USE ATTACHED FORM. NO STAFF WILL BE SCHEDULED UNTIL PAYMENT IS RECEIVED. PAYMENT MUST ACCOMPANY ORDER.**

# OF STAFF	DATE START	TIME START	DATE STOP	TIME STOP	HOURS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL NUMBER OF HOURS REQUESTED: \_\_\_\_\_

HOURLY RATE COST (Rate x Total Hours): \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

ON-SITE CONTACT PERSON \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**If your personnel have not arrived at the booth each morning by the time you specified above, should our security personnel stay at the booth until your personnel arrive (any additional costs will become an extra charge over and above this estimate):**

**Circle One:    Yes    No**

Exhibitor should make certain that the contents of the booth are insured. CSC is not an insurer or guarantor against loss of Exhibitor's property. The service provided is for personnel whose presence is intended to reduce the risk of loss and/or damage to property contained within the booth or display area.

**CONFIRMATION OF ORDER**

By: \_\_\_\_\_  
Contemporary Services Corporation

Amount Received: \_\_\_\_\_  
Date: \_\_\_\_\_



The Leader In Crowd Management©

Branch: Indianapolis CSC #33
Attention: Austin Fisher
Email: austin.fisher@csc-usa.com

Credit Card Charge Authorization Form

CARD HOLDER INFORMATION— PLEASE PRINT

Form section for Card Holder Information with fields for Company Name, Name on Card, Card Holder Billing Address, City, State, Zip, Telephone, Email Address, and Card Holders Title.

PAYMENT AUTHORIZATION – PLEASE PRINT

Form section for Payment Authorization with fields for Card Type (Visa, MasterCard, American Express, Discover), Card Number, and Exp. Date.

Card Identification Number: Please reference the picture to the right for the location of this number on your card. (CVV2) - AMEX on front right. (Visa, MasterCard & Discover: 3 digits on back)



I hereby authorize Contemporary Services Corporation to charge the credit card account listed above for the cost of services rendered to a total charge of \$... in payment for crowd management services rendered by Contemporary Services Corporation and provided to... on the... of... 20... I agree to pay by this credit card authorization the following invoice(s)...

Authorized Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

DIRECTIONS - EMAIL COMPLETED FORM TO AUSTIN.FISHER@CSC-USA.COM

Please print out this page, fill in all required information above, and email this form to austin.fisher@csc-usa.com. PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR CREDIT CARD WITH THIS FORM

Special Instructions: