2013 REQUEST FOR **CUSTOM CLEANING SERVICES**



(PLEASE PRINT) Name of Event	Event Dates			Booth #					
mpany Name Phone #				Fax #					
Billing Address City/State			State	Zip Code					
E-mail Address									
Authorized By Si			Signature			Date			
Type of Service	Booth Area in Square Foo	Booth Area in Square Footage		*Advance Rate		Standard Rate		Daily Vacuum Cost (Sq. Footage x Rate)	
Daily Vacuum			\$ 0.25 / sq. ft.		\$ 0.30 / sq. ft.		\$	\$	
Service needed (check box):	Prior to show open	ning [Day 2	Day 3	D	ay 4 🔲 Day :	5		
					Tota	al Days Needed	b		
					Total (Total Days x Daily Vacuum Cost)		\$	\$	
Periodic Porter Service	Dates Service Needed	Begin	Service	End Ser	vice	Total Hrs.	Rate	Total	
Removal of trash and boxes							\$49.00 / hr	\$	
from the booth area every							\$49.00 / hr	\$	
20 minutes within the time							\$49.00 / hr	\$	
requested. (2 hour minimum)							\$49.00 / hr	\$	
Note: This service is an additional the show day. Trash should be pla		ormal daily	y trash remo	oval is comp	leted a	t the end of	Total	\$	
				Total for	all Cu	ustom Cleanin	g Services:	\$	
Send this completed form with payment to 10	 200 Ft. Duquesne Blvd., Pittsburg	n, PA 15222	2.	PLEASE	NOTE				
Please make check payable to: SMG - David L. Lawrence Convention Center or pay by credit card: Visa MasterCard American Express Discover Check Card #: CVV#: Exp. Date:				 There will be a \$30.00 fee for returned checks Payment in full must be rendered prior to delivery of service Check, Visa, MasterCard, American Express, & Discover accepted Prices effective January 1 – December 31, 2013 					
Print Name:	U ¥ ¥ # .	<u> </u>		 Advanc move-ii 	ed/Faxed n only.	order receipts can be	obtained at the S	· ·	
Authorized Signature:						e the ADVANCE rate, i st be received 15 days			
Check #:	Check Amount:								

PLEASE PRINT AND RETURN FORM TO: