



Event Information Technology Request Form

Today's Date _____ Master Account # _____
 Event Name _____ Start Date/Time _____ End Date/Time _____
 Load-in date _____ Departure date _____
 Company Name _____ Street Address _____
 City _____ State _____ Zip _____
 Technical Contact Name _____ Phone # _____ Email _____

Convention Services Manager _____ Phone # _____ Email _____
 Event Location _____ Room _____ Booth _____

SERVICE ITEMS	#	Advanced Rate*	Onsite Rate	Total	Location #	Load-In Date/Time	Load-Out Date/Time
<i>Voice Services</i>							
Analog Services							
Fax / modem / credit card line		125.00	250.00				
With Phone – in-house / local calling only		150.00	300.00				
ISDN Services – 2B + 1D with 2 SPIDs		250.00	500.00				
VoIP Services (long distance and international options)							
IP Polycom		300.00	600.00				
Basic IP Phone		150.00	300.00				
Display IP Phone		200.00	400.00				
Custom Call Center Features (Special Quote)		Custom	Custom				
Multi Venue Fee – Expo, Earth Conv., Sky Conv.		250.00	500.00				
<i>Internet Services</i>							
Public Wireless Services – Best Effort based on usage		Complimentary					
Dedicated Wireless Services							
10Mbps		600.00	1,000.00				
20Mbps		1,200.00	1,700.00				
50Mbps		2,500.00	3,000.00				
100Mbps		5,000.00	5,500.00				
300Mbps		10,000.00	11,000.00				
Custom Wireless Options (Special Quote)		Custom	Custom				
Multi Venue Fee – Expo, Earth Conv., Sky Conv.		250.00	300.00				
Public wired – Best Effort based on usage		Complimentary					
Dedicated Wired Services (0-5 static IP addresses)							
10Mbps		600.00	1,000.00				
20Mbps		1,200.00	1,500.00				
50Mbps		2,500.00	3,000.00				
100Mbps		4,000.00	4,500.00				
300Mbps		10,000.00	12,000.00				
Custom Wired Options (Special Quote)		Custom	Custom				
Additional static IP address		100.00	125.00				
VPN Services with 1 static IP address		250.00	300.00				
Multi Venue Fee – Expo, Earth Conv., Sky Conv.		250.00	300.00				



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SERVICE ITEMS- <i>Continued</i>	#	Advanced Rate*	Onsite Rate	Total	Location #	Load-In Date/Time	Load-Out Date/Time
VLAN – Private Wired Network							
Local Network Connections							
2-10 Connections		500.00	600.00				
11-25 Connections		1,000.00	1,200.00				
Ethernet Switch Rental (8 – 24 Port)		200.00	250.00				
Multi Venue Fee – Expo, Earth Conv., Sky Conv.		250.00	300.00				
CATV							
High Definition 55" TV Rental – with channel lineup		500.00	600.00				

* **IMPORTANT NOTES:** FEES FOR SERVICES NOT LISTED ABOVE WILL BE DETERMINED AT THE TIME OF ORDER

1. All setup and rental fees are for the duration of the event, not to exceed 7 days, plus usage unless otherwise indicated.
2. CT sales tax is included in the price.
3. Direct Dial Long Distance calls billed on a per minute basis (AT&T operator assisted plus 40%).
4. Orders cancelled with less than 48 hours notice will incur a 50% cancellation charge.
5. Advance Rate, Order must be received a minimum of 15 Days prior to first (1st) scheduled move-in date.
6. Technical Assistance charges are \$50.00 per hour. There is a minimum of 1 hour required. 15 days advance notice required. Standard Rate \$100 per hour with 3 hour minimum
7. Provision 3rd party circuits @ \$200 plus standard labor of \$50 per hour.
8. VoIP telephones are required for multi conference call, speed dialing and other specially programmed features.
9. It is our policy to prohibit the use of any device which advertises wireless services on the 2.4 or 5.0 GHz frequencies.

Please take the opportunity to explain what services you are requesting and how they will be used.

For example:

- 1) We will have 50 people using wireless for email, surfing and social media.
- 2) There will be 5 credit card devices using wireless to access the Internet to process transactions.
- 3) We need a TV for our DVD player to run our marketing videos.

Service Request Explanation:

SUBMIT COMPLETED TO:



**Demers
Events
& Expo
Services**

Demers Exposition Services, Inc.
151A Park Ave., East Hartford, CT 06108
Ph: (860)882-0003 - Fax (860)761-0070
info@demersexpo.com

COMPANY NAME:		PHONE:		FAX:	
ADDRESS:		CITY:		ST:	ZIP:
SIGNATURE:		PRINT NAME:		Country:	
EMAIL ADDRESS:					
PAID BY: CHECK		AMX	VISA	MC	
CARD HOLDER SIGN:		PRINT NAME:			
CREDIT CARD BILLING ADDRESS (If different from address above)					
ADDRESS:		CITY:		ST:	ZIP: