



747 Howard Street ~ San Francisco, CA 94103 ~ Phone: 1.415.974.4080 ~ FAX: 1.415.974.4065

TELECOMMUNICATIONS ORDER FORM

Contact Information
Event Name: ANESTHESIOLOGY@ 2018
Event Date(s): October 13 - 15, 2018
Company:
Booth Number(s):
Contact On-Site: Phone: E-Mail:
SEND INVOICE TO:
Company: Attn:
Address:
City: State: Zip Code:
Phone: Fax: E-Mail:

Terms and Conditions

- 1. Moscone Facility Services (MFS) is the exclusive telecommunication services provider for the Moscone Center.
2. This order form gives MFS authorization to:
a. Provide services (rearrangement and/or disconnection of service and equipment) and to handle negotiations of telecommunications services and equipment
b. Make appropriate charges on the credit card provided

3. Service cancellations and refunds:

Table with 2 columns: Order Changes/Cancellations, Fee. Rows include Returned check service charge (\$25.00), Move an installed line (\$100.00), Lost/damaged telephone instruments (\$75.00), Internet/Phone Line cancellation before installation (\$50.00), Phone Line cancellation after installation (\$100.00), Internet Line cancellation after installation (\$200.00).

THERE WILL BE NO CANCELLATION OF ANY SERVICES AFTER EVENT BEGINS
SERVICE REFUNDS WILL BE MADE WITHIN 30 DAYS OF THE EVENT CLOSE DATE

3. Equipment procedures:

- a. Exhibitors can pick up telephone instruments or obtain help at the Telecommunications Service Desk
b. Exhibitors are responsible for maintaining and returning equipment to the Service Desk after the show
c. Rental equipment provided remains the property of MFS
d. Only MFS personnel are authorized to modify system wiring and cabling
e. All exhibitors bringing equipment must comply with F.C.C. regulations

METHOD OF PAYMENT
Services will not be provided until completed order form and payment is received
REMAINING BALANCES WILL BE APPLIED TO CREDIT CARD ON FILE
Payment by Check: ___ Check (must ALSO enclose CC number)
Payment by Credit Card: ___ American Express ___ MasterCard ___ Visa
Credit Card Number: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Print Name on Card: _____ Expiration Date: _____
Card Holder Signature: _____ Security Code: _____

Please fax/mail order form along with payment to:

Moscone Facility Services
Attn: Telecommunications Department
747 Howard Street
San Francisco, CA 94103-3118

Event Name: ANESTHESIOLOGY® 2018	Service Dates: October 13 - 15, 2018
Company :	Location:
E-Mail:	

Order Form

	Advanced Rate <small>10 business days before event</small>		Standard Rate	TOTAL	Includes:
TELEPHONE SERVICES					
Basic Services					
Single Line Telephone	_____ x \$250.00		_____ x \$295.00	= _____	* Dial '9' to access outside line
Multi Line Telephone	_____ x \$305.00		_____ x \$355.00	= _____	* Touch-Tone telephone instrument, Telephone line and Dial tone
Speaker Telephone	_____ x \$305.00		_____ x \$355.00	= _____	
Polycom Telephone	_____ x \$450.00		_____ x \$500.00	= _____	* Voice/Fax/Data analog unrestricted telephone service
Deposit for Usage Charge			_____ x \$75.00	= _____	
Additional Services					
Restricted Calls			_____ x \$15.00	= _____	* Unused deposit balances are refundable
Call Waiting			_____ x \$15.00	= _____	
Remove Dial '9' Function			_____ x \$15.00	= _____	
Voicemail			_____ x \$25.00	= _____	
ISDN Line	_____ x \$450.00		_____ x \$500.00	= _____	
Dry/Twisted Pair (within facility only)	_____ x \$395.00		_____ x \$450.00	= _____	
INTERNET SERVICES					
Economy Plus	_____ x \$ 595.00		_____ x \$695.00	= _____	1 Access code for 1 device at 512Kbps
Standard Internet	_____ x \$1,095.00		_____ x \$1,295.00	= _____	2 Access codes for 2 devices at 10Mbps shared
Standard Wireless	_____ x \$650.00		_____ x \$700.00	= _____	1 Access code for 1 device at 10Mbps shared
ShowConnect					
Basic	_____ x \$3,995.00		_____ x \$4,595.00	= _____	3Mbps with 4 static IP addresses
Advanced	_____ x \$4,995.00		_____ x \$5,595.00	= _____	6Mbps with 28 static IP addresses
LANConnect					
LAN 100	_____ x \$400.00		_____ x \$500.00	= _____	Layer 2 VLAN 100Mbps, 2 Locations
LAN 1000	_____ x \$500.00		_____ x \$600.00	= _____	Layer 2 VLAN 1000Mbps, 2 Locations
Wireless Services - (Only available in meeting rooms and common areas)					
Small Meeting	_____ x \$995.00		_____ x \$1,195.00	= _____	Up to 25 users, 1 configured AP 3Mbps
Large Meeting	_____ x \$3,000.00		_____ x \$3,500.00	= _____	Up to 100 users, 4 configured Aps 10Mbps
Sponsorship					Call for custom quote
Additional Services					
Additional Bandwidth (per Meg)	_____ x \$1,000.00		_____ x \$1,250.00	= _____	Can be added to ShowConnect only
Additional Access Code / IP Address	_____ x \$125.00		_____ x \$150.00	= _____	Can be added to Standard Internet / Wireless and ShowConnect only
Additional Location	_____ x \$400.00		_____ x \$500.00	= _____	Can be added to ShowConnect and LANConnect only
Each additional Ethernet Cable	_____ x \$40.00		_____ x \$55.00	= _____	under 50 feet
Each additional Ethernet Cable	_____ x \$75.00		_____ x \$100.00	= _____	over 50 feet
In-Booth Hub Rental	_____ x \$125.00		_____ x \$175.00	= _____	

TOTAL DUE FOR ALL SERVICES = _____

***Wireless is not permitted on the show floor. If wireless is required for a demo, it must be approved by Moscone Facility Services in advance. A conference call can be setup with our networking team to discuss any special needs that may not be covered in our order form.

IF ANY SPECIAL DATA AND/OR NETWORKING EQUIPMENT OR SERVICES ARE REQUIRED WHICH ARE NOT DETAILED ON THIS FORM, PLEASE CONTACT internet@moscone.com to setup a conference call or custom quote.

Please specify phone and/or Internet location in booth-drawing below or attach floorplan

Moscone Center _____ Moscone West _____	Aisle No. _____ <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> Front of Booth Aisle No. _____	<p align="center">MFS USE ONLY</p> Extension No.: _____ Account No.: _____ Instrument No.: _____ Returned Phone(s): Y N
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