



Booth Security Order Form



American College of Obstetricians & Gynecologists

Company: _____ Ordered By: _____
 Address: _____ City/State/Zip: _____
 E-Mail: _____ Phone: _____ Fax: _____
 On-Site Contact: _____

| Requested Hours | | | |
|-----------------|-------------|-----------|----------------------|
| Date: _____ | From: _____ | To: _____ | = Total Hours: _____ |
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| Security Type | Hours | Advance Rate (09-03) | On Site Rate | Total |
|---|-------|---------------------------------------|--------------|-------|
| Guard (Unarmed) | | \$45.00 | \$55.00 | |
| Off Duty Police Officer | | \$145.00 | N/A | |
| Additional Terms: All material & equipment furnished by LSS for this service shall remain the property of LSS & shall be handled by LSS personnel only. Credit will not be given for equipment or personnel ordered and not used. | | Sub Total | | |
| | | If paying by debit or credit add 3.5% | | |
| | | Total Due | | |

Post Instructions

Please provide a brief description of any details that need to be passed to the security guard assigned to booth. Please note any items of particular concern.

Payment Information

E-Mail to: sales@lincolnsecurityllc.com Mail to: Lincoln Security Services, 6735 W. Archer St. Chicago, IL 60638 (60 Days Prior to Start)