Order Form					
	Exhib	itor Contact Name /	Title E	Booth # (Requir	red)
	Comp	any Name			
	Billing	Address (should ma	atch credit card)		
Assistance call	City	Sta	te Z	Zip Code	Countr
ail this form to:	Phone	9	F	Fax	
	Exhib	itor E-mail	C	Onsite Cell Pho	ne
is form to:	Altern	ate E-mail (to receive	e leads)		
				\$ \$	Subtotal
ving: You agree to pay a \$995/per unit replacement/dam RFID read point that is damaged or not returned to Alliance T	ech.			\$ Sale \$	Subtotal es Tax (8.259 Grand Total
Damage Waiver eting this order form, you and your employer understand and ar owing: You agree to pay a \$995/per unit replacement/dam ch RFID read point that is damaged or not returned to Alliance To Ullance Tech, or Event Management, are responsible for the pro- safe keeping of equipment received. Failure to pick up or re twill not entitle you to a refund.	age ech. oper turn	h is not liable for lo against you. Alliand n or controlled by a r	Liability sses or damages i	\$ Sale \$	es Tax (8.2 Grand Tota

 3 Payment / Terms

 Image: Card Number

 Expiration date
 Security Code
 Cardholder Name
 Cardholder / Terms Agreement Signature

 *Credit card deposit required for all rentals.

AllianceTech