



Telecommunications Services Request Form

PUBLIC SHOW VENDOR ORDER FORM

1610 COLISEUM DRIVE • HAMPTON, VA • 23666 • PHONE (757) 315-1633 • email: amani.madyun@hampton.gov

FULL PAYMENT MUST BE RECEIVED 14 DAYS PRIOR TO EVENT START TO GUARANTEE SERVICE/EQUIPMENT

Event Name: _____ Room/Booth #: _____

Event Dates: _____ Exhibiting Company: _____

Contact Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

TELECOMMUNICATIONS			RATE	QTY	AMOUNT
Dedicated Phone Line			\$ 125.00		
Standard Desk Telephone			\$ 25.00		
INTERNET SERVICE TYPE		BANDWIDTH	RATE		
WIRED INTERNET SERVICE					
Basic Wired Internet Connection		Up to 5-8 Mbps	\$ 200.00		
Internet Connection to External Host Server Routers permitted		3-5 Mbps	\$ 1,500.00		
Must be approved with City of Hampton		5-10 Mbps	\$ 2,500.00		
Connection speeds above 3Mbps may include 5 Static Public IP addresses		10-20 Mbps	\$ 3,500.00		
WIRELESS INTERNET SERVICE					
HRCC SHOW PACKAGE up to 5mbps Includes (3) devices/(3) Days			\$ 100.00		
EQUIPMENT RENTAL					
Hub/Switch/Router Rental A Hub or Switch may be available for customers wishing to establish LANs			\$ 75.00		
Patch Cables Standard Category 5 patch cables are available in various lengths on a first come first serve basis			\$ 40.00		
			Total Telecommunications Order: \$		

IMPORTANT CONDITIONS AND REGULATIONS

Code Safety and Compliance

1. All equipment provided by clients and exhibitors must comply with all state, local and international safety codes.

Limitation of Liability

The parties agree that implied warranties of merchantability and fitness for a particular purpose and all other warranties, expressed or implied, are excluded from this agreement. The HRCC does not assume liability for damages of any type whatsoever or for the loss of anticipatory profits resulting from the installation, use, or interruption of the services or for damage of any sort whatsoever to user's goods or equipment arising from the installation, use or interruption of the services or any other cause whatsoever. The HRCC shall not be held responsible for late installation or interruption of any services that may occur.

Telecommunications Notes:

1. If any special data and or networking equipment or services are required which are not detailed on this form, please call 757-315-1633.
2. PLEASE RUN UPDATED ANTI VIRUS SOFTWARE ON YOUR COMPUTER BEFORE YOUR ARRIVAL AT THE FACILITY.
3. No credits will be issued for unused phone lines installed as ordered.
4. Only written cancellations will be accepted and must be received seven days before show move in.
5. Connection to equipment is the exhibitors' responsibility.
6. Telecommunications panels, floor boxes and equipment must be accessible at all times.
7. HRCC is responsible for Internet and other HRCC installed cable connections from the point of demarcation to the exhibitor booth.
8. HRCC will troubleshoot HRCC installed components only.
9. HRCC is not responsible for lost connections or traffic interruptions. We will work with third parties to resolve circuit issues on a best efforts basis. NO REFUNDS will be given for service interruptions or other network service related downtime.
10. HRCC is the sole provider of WiFi Internet services within the facility. Customers may not use their own wireless access points, wireless routers, MiFi devices, or any other device that provides shared WiFi Internet Access.

METHOD OF PAYMENT

CASH or CHECK

Made payable to: Hampton Roads Convention Center • Tax ID # 54-6001336

AMERICAN EXPRESS

DISCOVER

MASTERCARD

VISA

INVOICING

Invoicing - Invoice sent via email, click secure website to make payment online

Credit Card Holder Name: _____ E-mail address for receipt: _____

Credit card number: Please list a phone number to call to discuss this credit card payment in the above section

Credit Card Billing Address: _____

I authorize the charges detailed within this form to be charged to my credit card listed here. By signing, I also agree that I have read and agree to the terms and conditions set forth for these services by HRCC.

Credit Card Holder Signature: _____ Date: _____

TOTAL PAYMENT MUST ACCOMPANY THIS FORM. Please mail to address above, or scan & email to amani.madyun@hampton.gov