

F R E E M A N

5040 West Roosevelt Road
Chicago, Illinois 60644-1436
(773) 473-7080 • Fax (469) 621-5603
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DISCOUNT PRICE
DEADLINE DATE
DECEMBER 28, 2009

**INCLUDE THE FREEMAN METHOD OF
PAYMENT FORM WITH YOUR ORDER**

IHE CONNECTATHON

January 11-15, 2010 • Hyatt Regency Chicago

NAME OF SHOW: _____
COMPANY NAME _____ BOOTH #: _____
CONTACT NAME: _____ PHONE #: _____
E-MAIL ADDRESS _____

For Assistance, please call 773-473-7080 to speak with one of our experts.

Standard telephone service consists of one (1) house line through the hotel's NEAX 2400 System.

- **Payment in full for installation must accompany orders.**
- **Exhibiting firm is responsible for all local and long distance telephone charges.**
 - **A credit card is required to process order.**
- **An invoice listing individual bills will be available upon conclusion of show.**

Freeman requires 100% of amount owed, including applicable tax, to be paid in advance or at showsite. Payment must be made in U.S. funds. Invoices can be paid by company check, VISA, MasterCard, American Express, Diners Club, or Discover. Payment for all labor and services ordered by the exhibitor, his display house, or other third parties, is the responsibility of the exhibitor. Your showsite representative should be made aware of this policy and have means of payment, otherwise, service will be denied. To qualify for discount prices, orders and full payment must be received by **DECEMBER 28, 2009**. Mail the advance payments with order forms to the above address. Payments for line and equipment should be made to Freeman. Show name and booth number should be noted on all advance payments so that they will be properly credited. The Freeman credit card authorization is a deposit against additional charges incurred and/or labor. Payment of any balances may also be made by company check while at the show, but a credit card authorization must be on file. Any balances outstanding as of move-out will be charged to your credit card. 50% charge for cancellations. Prices subject to change without notice.

Local Access, Internet Access & 800 Calls will be billed at:

- **Per call access fee: \$1.25 per call**
- **\$.27 per minute plus AT&T charges for long distance calls**
- **\$.12 / minute for all calls over 20 minutes in length**

PLEASE PROVIDE COMPLETE INFORMATION BELOW:

Service Information:

Installation Date _____ Day _____ Time _____ Removal Date _____ Day _____ Time _____

Type of Service:

Telephone Line _____ Computer _____ Fax _____ Location in Booth (Specify or attach drawing) _____

Indicate Service Required:

Quantity	Discount	Standard	Total
_____ Telephone Line Installation Charge	\$132.30 per line	\$198.45	_____
_____ Telephone	\$ 55.15	\$ 82.70	_____
_____ Daily Phone Service per line per day	\$ 82.70 per day		_____

Subtotal _____ + Tax (14%) _____ =TOTAL COST _____

NOTE: Freeman requires a METHOD OF PAYMENT on file for above services and cannot be invoiced at a later date.

THE ENCLOSED HYATT CREDIT CARD AUTHORIZATION FORM MUST BE ON FILE WITH THE HYATT REGENCY FOR PHONE SERVICE TO BE PROVIDED.

Final Telephone call charges will be billed to this card by the Hyatt and cannot be invoiced at a later date.

**THE FREEMAN METHOD OF PAYMENT FORM
MUST BE INCLUDED WITH YOUR ORDER**

**THE HYATT CREDIT CARD AUTHORIZATION FORM
MUST BE INCLUDED WITH YOUR ORDER**

FREEMAN telephone service

HYATT REGENCY CHICAGO
151 EAST WACKER DRIVE
CHICAGO, IL 60601
Telephone: (312) 239-4408
Submit THIS form to: Fax: (312) 239-4409

CREDIT CARD AUTHORIZATION

I authorize the Hyatt Regency Chicago to charge my credit card for (Check Appropriate):

_____ Telephone Call Charges

Local Access, Internet Access & 800 Calls will be billed at:

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- \$.27 per minute plus AT&T charges for long distance calls
- \$.12 per minute for all calls over 20 minutes in length\

NOTE: A photo copy of your credit card (front and back) is required to be attached for verification.

IMPORTANT: The telephone service order form must be completed & submitted to the fax number listed on that form.

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Name of Show: _____ Date of Show: _____
Exhibitor Name: _____ Booth Number: _____
Exhibitor Address: _____

Exhibitor Phone: _____

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Type of Card (Check One)

American Express _____
MasterCard _____
Discover _____

Visa _____
Diners Club _____

The hotel may place a charge on my credit card for the estimated amount (14) days prior to my function.

Name On Card: _____

Card Number: _____ Exp. Date: _____

Total Estimated Charges: \$ _____ Phone Number: _____

Signature: _____ Date: _____