

NAME:

## METHOD OF **PAYMENT**

| EVENT: SAPPHIRE NOW and ASUG Ani  | nual Conference   |  |
|---|---|--|
| EXHIBITING COMPANY:   |   | BOOTH #:   |
| PHONE: FA   | X:  | BOOTH SIZE: X  |
| ADDRESS:  |   | BOOTH TYPE:  |
| CITY:   | STATE:  | ☐ INLINE ☐ ISLAND  |
| ZIP CODE/PROVIDENCE:  | COUNTRY:  | ☐ PENINSULA ☐ OTHER                                      |
| BILL-TO COMPANY (IF DIFFERENT):   |   | I AM:  |
| B ORDER CONTACT NAME:   |   | ☐ THE EXHIBITOR  |
| ADDRESS:  |   | ☐ A 3RD PARTY (EAC/I&D):                                 |
| CITY:   | STATE:  |  |
| N ZIP CODE/PROVIDENCE:  | COUNTRY:  |  |
| PHONE:  | FAX:  |  |
| ORDER CONTACT EMAIL:  | EMAIL FOR INVOICES:   |  |
| **THIS FORM MUST BE INCLUDED IN YOUR O  | RDER SUBMISSION OR YOUR ORDER   | WILL NOT BE PROCESSED**                                  |
| SAPPHIRE NOW and ASUG Annual Conference   | Place Your Order Online or Via Email or Fa                                    |  |
| Incentive Deadline Date: April 10th, 2020  To qualify for incentive rates, all order forms, this Method   | Order Online: www.occc.net/exhibitor Email Forms: exhibitor.services@occc.net | Orange County Convention Center ATTN: Exhibitor Services |
| of Payment form and a finalized booth diagram must be   | Send Via Fax: (407) 685-9884  | 9860 Universal Blvd.                                     |
| received by: April 10th, 2020   | <b>Call:</b> (800) 345-9898   | Orlando, FL 32819-8199                                   |
| □ COMPANY CHECK  Checks must accompany your order submission and must be receipostmarked, by the incentive deadline. Make check payable to Or County Convention Center. Checks must be US funds drawn from Please include your show name and booth number on check. | range cleared, not sent, by the incentive d                                   |  |
|   | *ACH Payments   | now available Online                                     |
| □ CREDIT / DEBIT CARD   |   |  |
| OCCC will charge your credit/debit card in full for your advance or   |   |  |
| any additional charges for onsite changes or additions. Please con<br>the information below if using a credit/debit card:   |   | ASTERCARD  |
| CARD NUMBER:  | EXPIRATION DATE:  | SECURITY CODE:   |
| CARDHOLDER NAME:  |   |  |
| BILLING ADDRESS:  |   |  |
| I, the undersigned cardholder, by submitting an order to the OCCO<br>Convention Center authorization to charge my credit card for the<br>compressed air, propane & natural gas, cable TV and/or firewatch   | following services: electricity, rigging labor and e                          |  |
| SIGNATURE:  | DATE:   | :  |
| I further authorize the following named person(s) to approve add  | itional charges on the above card on show site a                              | s deemed necessary by said person(s):                    |
| NAME:   | SIGNATURE:  |  |
| NAME:   | SIGNATURE:  |  |

SIGNATURE: