



**EVENTS TNT, LLC**

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 Rowlett, TX 75089  
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 FAX: 469-327-3052

events@tntconventions.com/jrsuttonv@gmail.com

**OFFICIAL BOOTH SECURITY ORDER FORM**

**PRI Show**

December 12-14, 2024

Indiana Convention Center & Lucas Oil Stadium

Indianapolis, IN.

**“EVENTS TNT is the exclusive provider of security management services for PRI 2024**

**This form can be faxed or e-mailed.** Confirmation of receipt will be made by return e-mail or phone.  
 The following rates are for a 5-hour minimum: (if paying by card a 5% credit card fee will be added to the rates)

**Advance Rate:** Security Officer: \$34.00 per hour  
 (By 11/27/24)

**Show Rate:** Security Officer: \$38.00 per hour  
 (After 11/27/24)

Police Officer Rate: \$70.00 per hour 6 Hour minimum: **Please order by 11/27/2024.**

**SCHEDULE**

**(Cancellations require a 6 hour advance notice)**

**On Site Contact: John Sutton 714.227.4503**

DAY/DATE	START TIME	END TIME/DATE	TOTAL HOURS
Total Hours			

Total Hours \_\_\_\_\_ x \_\_\_\_\_ (Rate) = \_\_\_\_\_ + 5% Credit Card Fee = \_\_\_\_\_

**Total Amount Due** = \_\_\_\_\_

Exhibiting Company: \_\_\_\_\_ Booth # \_\_\_\_\_

Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

CREDIT CARD: ( <b>VISA</b> <b>MASTERCARD</b> <b>AMEX</b> <b>DISCOVER</b> ) <b>Circle One</b>			
Name on Card: _____		Card# _____	
Exp Date: _____		Signature: _____	
Cardholder address (REQUIRED): _____			

**EVENTS TNT**  
**BOOTH SECURITY AGREEMENT OF SERVICES**

It is understood by THE CLIENT, and all concerned that neither *EVENTS TNT* nor *PRI* is an insurer of property and or persons covered under this agreement. It is also understood that services provided by *EVENTS TNT* under this agreement are designed to deter risks of loss but offer no guarantee against theft, pilferage, robbery, vandalism or any other loss or damage to property on covered premises. **The sole intent of this service is to provide a visible deterrent.**

In the event of an emergency the following person (people) representing the exhibiting company should be notified:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS OF THIS AGREEMENT AS STATED ABOVE:

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

FOR TNT OFFICE USE ONLY: Date Pd: _____ Auth #: _____ Order Taken By: _____		
Confirmation Sent by: _____ Date: _____		