



APPLICATION FOR PORTER SERVICE

NAME OF EVENT: _____ BOOTH # _____

COMPANY NAME: _____

CONTACT PERSON: _____ PHONE # _____

CREDIT CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PAYMENT INFORMATION: CHECK # _____ AMT.OF CHECK: _____

CREDIT CARD# _____ EXP DATE: _____

SIGNATURE: _____

Please include this application with your payment

Porter Service includes: Vacuuming and spot cleaning of the carpeted areas, cleaning or buffing of tile area, complete dusting and trash removal in the booth only.

Total booth Sq. Ft. _____ x _____ x \$.20 cents = Total.....\$ _____
(# of event days)

RESTRICTIONS: 1. No booth will be allowed to open until **ALL HOUSE CHARGES ARE PAID.**
2. To guarantee service, order form must be submitted in advance.

***Service Charge: Less than (7) days advance payment - add \$75.00.....\$ _____**

Total for Porter Service.....\$ _____

Return Application with check or money order payable to **Times Union Center** to the following address:

Times Union Center
Attn: Accounting
51 South Pearl Street
Albany, NY 12207

Fax Credit Card payments to 518-487-2200

Please contact the Times Union Center Operations Department with any questions at (518) 487-2089