



Hilton
Washington
1919 Connecticut Avenue NW
Washington, DC 20009
Telephone (202) 483-3000

TELEPHONE SERVICE ORDER FORM
(Please Type or Print Clearly)

Name of Show: _____

Show Dates: _____ Booth # or Room Name: _____

Company Name: _____

Company Address: _____

Company Phone: _____ Contact Name: _____

SPECIAL NOTES:

1. All orders must be pre-paid and received by the Hilton Washington two weeks prior to show opening. **Any order received within two weeks of show set-up or on-site will be charged a \$75.00 late fee.**
2. It is your responsibility to confirm receipt of the order.
3. NO VERBAL ORDERS ACCEPTED!
4. In order to serve you better; please attach any information, diagrams, etc. that will assist our staff.
5. If you are tax exempt in Washington, D.C. please enclose your tax exempt certificate number.
6. For questions regarding telephone service please call The Engineering Department at (202) 797-5802.

RETAIN ONE COPY AND RETURN ALL OTHER COPIES WITH PAYMENT TO THE HILTON WASHINGTON, 1919 CONNECTICUT AVE., N.W. WASHINGTON, D.C. 20009 ATTENTION: CONTROLLER OR VIA FAX TO 202-328-2077

INSTALLATION AND RENTAL CHARGES

1. PHONE: In-House use only:
\$60.00 (single line, incl. phone & installation)
2. PHONE: In-House use,* local dialing access, only:
CHARGE: **\$175.00** (single line incl. phone & installation)
(Monday through Friday 8am-4pm)
\$225.00(single line incl. phone & installation)
(After hours, weekends & holidays)
3. PHONE: In-House, *local & long distance access:
CHARGE: **\$275.00** (single line incl. phone & installation)
(Monday through Friday 8am-4pm)
\$325.00 (single line incl. phone & installation)
(After hours, weekends & holidays)
4. LINE ONLY: (For the use of modem, fax, etc.)
CHARGE: **\$225.00** (incl. RJ II Jack & installation)
(Monday through Friday 8am-4pm)
\$275.00 (incl. RJ II Jack & installation)
(After hours, weekends & holidays)

*ALL LINES HAVE DIRECT IN DIAL CAPABILITY

TYPE OF SERVICE	QUANTITY	COST	CONNECT:
1. HOUSE	_____	_____	DATE: _____
2. LOCAL	_____	_____	TIME: _____
3. LONG DISTANCE	_____	_____	
4. ANALOG	_____	_____	DISCONNECT:
5. MISCELLANEOUS	_____	_____	DATE: _____
			TIME: _____
	LATE FEE	_____	
	SUB TOTAL	_____	
	D.C. LOCAL TAX (5.75%)	_____	
	GRAND TOTAL \$	_____	

ADDITIONAL REQUIREMENTS: _____

BILLING INFORMATION: By providing billing information, above, and signing, below, all charges as indicated are valid and authorized

Credit Card: _____ Exp.Date: _____

Name on card: _____

Authorized Signature: _____