



**REQUISITION FOR TELEPHONE AND INTERNET
FOR INDIANA STATE FAIRGROUNDS EVENTS - 2017**

Trade Show Name _____
 Start Date of Show _____ Booth No. _____
 Exhibitor Name _____
 Telephone Number _____
 Exhibitor Address _____
 City, State, Zip _____
 Contact _____

Mail Requests and Payment to:
 ERMCO, Inc.
 P. O. Box 1507
 Indianapolis, IN 46206
 Attention: Shannon Darnell
 Direct Line: (317) 423-3766
 Email: sdarnell@ermco.com
 Fax: (317) 780-2853

Questions:
 Attention: Paul Gaddie
 Call: (317) 517-0853
 Email: pgaddie@ermco.com

SERVICES NOT LISTED BELOW WILL BE FURNISHED ON A TIME AND MATERIAL BASIS

ITEM	QUANTITY	ADVANCE	FLOOR	TOTAL
WIRELESS INTERNET - Internet pass good for one device to connect at a time				
4 HOUR PASS (1.5 Mbps)			\$5.75	
1 DAY PASS (5 Mbps)			\$22.25	
3 DAY PASS (5 Mbps)			\$53.50	
5 DAY PASS (10 Mbps)			\$83.50	
7 DAY PASS (10 Mbps)			\$100.25	
10 DAY PASS (10 Mbps)			\$133.75	
30 DAY PASS (10 Mbps)			\$234.00	
Custom Orders			Per Quote	
To order/pay for Wireless Internet, connect onsite to wireless network ermco_isf_wireless and follow instructions.				
	QUANTITY	ADVANCE	FLOOR	TOTAL
HARDLINE INTERNET				
High Speed Internet – One connection 5 MB Shared Service		\$640.50	\$774.25	
Custom Orders		Per Quote	Per Quote	
TELEPHONE				
Analog Line for Credit Card (each)		\$250.75	\$428.75	
VOIP Phone (each)		\$250.75	\$428.75	
Replacement cost is \$300/each				
SUBTOTAL				
7% SALES TAX				
TOTAL				

Materials used will remain the property of Indiana State Fair Commission. Exhibitor agrees to pay for material not returned.

For customized data/wireless packages, contact (317) 517-0853 or pgaddie@ermco.com.

LABOR CHARGES PER HOUR (STANDBY OR OTHER NECESSARY WORK)

8:00 AM to 4:30 PM, Monday through Friday	\$ 74.50
4:30 PM to 12:00 PM, Monday through Friday	\$106.00
All other times	\$138.25

NOTE: ADVANCE PRICING IS VALID UP TO 5 BUSINESS DAYS PRIOR TO START OF EVENT.
 BILLS MUST BE PAID BEFORE THE START OF THE SHOW.

We accept MasterCard, Visa, Discover, Check or Cash. Sorry, we CAN NOT accept American Express. Payment made out to ERMCO.

VISA/MC or DISCOVER: _____ Expiration Date: _____
 Credit Card Zip Code: _____ CVV2 Code: _____
 Printed Name: _____ Amount: _____

Customer Signature: _____ **Date Signed:** _____