AT&T Exhibitor Services Telephone Service

**Susan Julson Lori Algaier**

877-975-7067 877-975-7159

Please complete and return form to [MW.EXHIBITOR.SERVICES@RDSMAIL.IMS.ATT.COM](mailto:MW.EXHIBITOR.SERVICES@RDSMAIL.IMS.ATT.COM) at least 10 business days prior to event to guarantee requested due date.

Note: AT&T bills for services a minimum of 30 days. Price estimates based on monthly and non-recurring charges applicable and do not include local toll charges and applicable taxes. Prices are subject to change.

*Billing Information*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | | | | |
| **Care of:** | | |  | | | | | |
| **Street Address:** | | | |  | | | | |
| **City:** |  | | | |  |  | **Zip Code:** |  |
| **Phone:** | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |

*Request Submitted by:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Number:** |  |
|  |  |  |  |

*Installation Information*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Event:** | |  | | | | | | | | |
| **Name of Firm:** | |  | | | | | | | | |
| Contact Information of Person for Installation | | | | | | | | | | |
| **Name:** |  | | | | | | | **Number:** |  | |
| **Quantity of Lines:** | | | |  | **Install Date:** | | Click here to enter a date. | | | |
| **Install Location**: | | |  | | | | | | | |
| **Preferred Long Distance Carrier** | | | | | |  | | | |
| (Default is AT&T unless otherwise specified): | | | | | | NO | | | |

*If you require any additional features on your service, please list the feature and the quantity in the comments section below.*