



## Exhibitor Internet Order Form

|                                     |              |           |     |
|-------------------------------------|--------------|-----------|-----|
| COMPANY NAME (PLEASE PRINT OR TYPE) |              | PHONE     |     |
| ADDRESS                             | CITY         | STATE     | ZIP |
| CONTACT (DAY OF)                    | TITLE        | DATE      |     |
| NAME OF SHOW ATTENDING              | DATE OF SHOW | BOOTH NO. |     |

**For guaranteed service, orders MUST be placed ten (10) days in advance of show date.**

Please note: For special internet requirements including multi-user, client-supported events; video streaming or; webcasting, please contact the Lansing Center Event Coordinator Department at (517) 483-7400.

| Levels of Service | Service Information - NOT SECURED SERVICE  | Quantity | Price - per connection |          |          |
|-------------------|--|----------|------------------------|----------|----------|
|                   |  |          | 1 Day                  | 2 Days   | 3 Days   |
| Wireless Option 1 | 1 Mbps Service: Upload rate .5 Mbps / Download rate 1 Mbps<br>Recommended for: Basic e-mail, no streaming ability  |          | x \$10.00              | \$15.00  | \$20.00  |
| Wireless Option 2 | 10 Mbps Service: Upload rate 5 Mbps / Download rate 10 Mbps<br>Recommended for: Most internet viewing experiences including Skype.<br>Limited streaming availability |          | x \$40.00              | \$60.00  | \$75.00  |
| Wireless Option 3 | Maximum Speed: Highest Level Wireless Service<br>Recommended for: limited video streaming, multiple-stream Skype   |          | x \$300.00             | \$500.00 | \$700.00 |

TOTAL: \_\_\_\_\_

One-hour wireless service is only offered via on-site, online registration.

By initialing this box, you accept responsibility for payments on all connections.

**PAYMENT ENCLOSED:**

CHECK/MONEY ORDER – PAYABLE TO: L.E.P.F.A.

MASTERCARD      NAME (as it appears on Card): \_\_\_\_\_ (please print)

VISA

AMERICAN EXPRESS

EXP. DATE: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_

ACCT. # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Billing Address Zip Code: \_\_\_\_\_ 3-Digit Security Code (back of card): \_\_\_\_\_

**RETURN TO:**



LEPFA  
333 E. Michigan Avenue  
LANSING, MI 48933  
Phone: (517) 483-7400  
FAX (517) 483-7423

**OFFICE USE ONLY**      Date \_\_\_\_\_

Check # \_\_\_\_\_ Received by: \_\_\_\_\_

Serviced by: \_\_\_\_\_

Special Material: \_\_\_\_\_