Orange County Convention Center

The Center of Hospitality, where it's all about *your* experience.

Orlando

2012 BALLOONS AND OTHER LIGHTER-THAN-AIR OBJECTS AGREEMENT

MAIL TO: Orange County Convention Center - **Attention:** Exhibitor Services
US Mail: PO Box 691509, Orlando, FL 32869-1509
Express Mail: 9860 Universal Blvd., Orlando, Fl 32819-8199
Convention Center (800) 345-9898 • Exhibit Services (407) 685-9824 • Fax (407) 685-9884
E-MAIL: exhibit.services@occc.net WEB: http://www.occc.net/exhibitor/default.asp

The undersigned agrees to the following stipulations. By doing so, the undersigned is permitted to utilize lighter-than-air (helium, etc.) devices, balloons, inflatables or displays inside the Orange County Convention Center.

1. **Distribution or sale** of lighter-than-air objects **will not be permitted**. The use of a lighter-than-air object in your booth **requires Show Management approval.**

2. Helium (or other compressed gas) tanks will not be stored on the exhibit floor. Secure storage outside the facility must be arranged through show management and the Center.

3. All lighter-than-air objects must be properly tethered.

4. All items must be removed from the Convention Center property at the close of the event.

5. Retrieval costs for any escaped lighter-than-air object will be charged at the rate of **$100.00 per item**. **An open credit card invoice will be held at the Exhibitor Services Desk to cover any retrieval costs.**

Please complete all areas below. Credit card will be charged in the event of escaped objects. Incomplete requests will be rejected. The Center reserves the right to decline acceptance of any card-not-present credit card transaction at its discretion.

Security Code: _____ ☐ Visa ☐ MasterCard ☐ American Express

Account No._____ Exp. Date_____

Name on Card: _____

Authorized Signature:_____Date:_____

Email Address to where invoice will be sent: _____

Credit Card Billing Address: _____

Name of Event: Star Wars Celebration VI

Exhibiting Company: _____Booth Number: _____

Contact Name: _____Phone:_____ Fax: _____

Object(s) containing Helium or Compressed Gas: _____

_____

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PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE.