



INTERNET REQUEST FORM

CUSTOMER NAME: _____

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

CONFERENCE NAME: _____

EXHIBITOR NAME OR BOOTH #: _____

INTERNET ACTIVATION DATE: _____

INTERNET DE-ACTIVATION DATE: _____

NUMBER OF CONNECTIONS: _____

WIRED OR WIRELESS: _____

Internet Pricing Structure:

First Wired or Wireless Internet Connection	\$175.00+ tax
Each Additional Wired or Wireless Connection Per Day	\$ 75.00+ tax each

Authorized By: _____ **Title:** _____

Company: _____ **Convention:** _____

Payment: Credit Card or Check (Visa / Master Card / Discover / American Express)

Credit Number: _____ **Expiration Date:** _____

Total Authorized Charges: _____ **Check Amount: \$** _____

Signature: _____

INSTRUCTIONS: Fax or e-mail completed request form to:

Vivian E. Stiles, Sr. Event Manager
Bay Point Marriott Resort
FAX: 850-236-6150
E-Mail: vstiles@baypointresorts.com

Prices Subject To Change