

**Exhibitors Services Michigan -at&t Telephone**  
**MW.EXHIBITOR.SERVICES@RDSMAIL.IMS.ATT.COM**  
**Or Via toll free fax 800 311-5107**  
**Toll free 877 377-3802 or 877 377-3806**

Please return form 5 business days prior to event/show date to guarantee your requested due date

**Part 1**

Business Access Line (228.95 first line 143.95 each addtnl line due the same day)Qty:

Prices are estimates based on Monthly and non-recurring charges applicable and do not include local or toll charges and applicable taxes.

Optional features Available:

<input type="checkbox"/>	Voice Mail \$31.50	<input type="checkbox"/>	Caller Id \$11.40
<input type="checkbox"/>	Enhanced Voicemail \$33.95	<input type="checkbox"/>	Caller Id w/name \$14.00
<input type="checkbox"/>	Call Forwarding \$7.50	<input type="checkbox"/>	Call Waiting \$8.50

**Part 2-Installation information:**

Name of show or event:

Firms Name as displayed on the booth/room/suite:

Name/Contact number of person for installation:

Install  telephone line (s) &  line (s) for high speed internet service

at:   
(must provide street, city, state, zip code)

in room/booth/suite:

Installation Date:  Disconnect Date:

Name of preferred long distance carrier:

**Part 3-Billing information:(please DO NOT remit payment until invoiced)**

Bill Name:

In care of:

Bill address:   
(must provide street, city, state, zip code)

Submitted by:

Phone Number

Fax Number

**Exhibitors Services Michigan -at&t Isdn**  
**MW.EXHIBITOR.SERVICES@RDSMAIL.IMS.ATT.COM**  
**Or Via toll free fax 800 311-5107**  
**Toll free 877 377-3802 or 877 377-3806**

Please return form 5 business days prior to event/show date to guarantee your requested due date

**Part 1**

\$361.12 per line (ISDN pipe). Price includes 2 B Channels, but does not include equipment of usage.

Prices are estimates based on Monthly and non-recurring charges applicable and do not include local or toll charges and applicable taxes.

Prices subject to change without notice-we must charge Tariff rates in effect at the time service is provided. Please complete 1 form per ISDN line.

Please indicate ISDN Capability code. Order cannot be processed without code

(Capability code is equipment specific. Please contact your IT department or equipment vendor if unsure of appropriate code)

**Part 2-Installation information:**

Name of show or event:

Firms Name as displayed on the booth or room:

Name/Contact number of person for installation:

at:

(must provide street, city, state, zip code)

in room/booth/suite:

Installation Date:

Disconnect Date:

**Part 3-Billing information:(please DO NOT remit payment until invoiced)**

Bill Name:

In care of:

Bill address:

(must provide street, city, state, zip code)

Submitted by:

Phone Number

Fax Number

