



NAIAS KEY ORDER FORM

Key orders for the North American International Auto Show should be submitted **with payment at least 10 business days prior** to the date of service. Any form received less than 10 business days prior to the date of service will have an additional **25% charged added** to the order. Forms should be submitted with payment to one of the following:

E-Mail: orders@cobocenter.com **Mail:** Cobo Center/SMG **Fax:** (313) 877-8800
 Attn: Finance Department
 One Washington Blvd.
 Detroit, MI 48226

Company Name _____ Contact Name _____

Room #	Quantity	Cost	Total Cost	Occupying Start Date *	Occupying End Date *	Pick-Up Time	
						Date	Time
		\$15	\$				am/pm
		\$15	\$				am/pm
		\$15	\$				am/pm
		\$15	\$				am/pm
		\$15	\$				am/pm
		\$15	\$				am/pm
		\$15	\$				am/pm

Sub-Total \$ _____

Expedite Charge \$ _____ *25% of total order if order is received less than 10 days prior to date of service.*

Grand Total \$ _____

* - Must be within your room reservation period.

Arrangements can be made to allow multiple room access utilizing a single key. If you would like any of your requests above linked in this fashion, please provide the information below:

Rooms to be linked: _____
 Number of keys: _____

Keys will only be distributed to the following pre-authorized personnel (please complete):

Name: _____ Name: _____ Name: _____
 Phone: _____ Phone: _____ Phone: _____

Keys received by: _____
 NAME DATE PHONE

All keys must be returned to Cobo Center by scheduled move out date/time of your room reservation period. Once keys are distributed, all contractors, vendors or deliveries must be approved and allowed entry by authorized key holders only.

Payment in full must be submitted with order form with either a credit card or a cashier's check made payable to "Cobo Center"

EXHIBITOR INFORMATION

Payment in full must be submitted with order form with either a credit card or a cashier's check made payable to "Cobo Center"

Company Name _____ Contact Name _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Phone _____ Fax _____

Visa MasterCard American Express Cashier's Check

Credit Card # _____ CSC#(3-digit) _____ Exp Date _____

Authorized Signature _____

Print Name _____

Cashier Check # _____ Check Amount \$ _____