



## EXHIBITOR MEETING ROOM MULLION REMOVALS

Exhibitors requiring mullion removals in select meeting rooms\* must complete the following and return to Cobo Center – Finance Department, no later than ten (10) business days prior to the date of service to receive the advanced rate. Forms should be submitted **with payment** to one of the following:

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

**\*Contact Event Services**



Service is available between 7:00 a.m. and 6:00 p.m. each day. Please complete a separate form for each removal/replacement. In order to receive the ADVANCED rate, the order form must be received no later than ten (10) business days prior to the date of service.

TYPE	DATE/TIME	COST	ADVANCED RATE	STANDARD RATE
<input type="checkbox"/> Removal		<input type="checkbox"/> 7:00 a.m. - 3:30 p.m. Monday - Friday	\$100	\$125
		<input type="checkbox"/> After 3:30 p.m. Monday - Friday	\$200	\$250
		<input type="checkbox"/> Saturday or Sunday	\$300	\$375

TYPE	DATE/TIME	COST	ADVANCED RATE	STANDARD RATE
<input type="checkbox"/> Replacement		<input type="checkbox"/> 7:00 a.m. - 3:30 p.m. Monday - Friday	\$100	\$125
		<input type="checkbox"/> After 3:30 p.m. Monday - Friday	\$200	\$250
		<input type="checkbox"/> Saturday or Sunday	\$300	\$375

<b>GRAND TOTAL</b>	<b>\$</b>
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**Payment in full must be submitted with order form with either a credit card or 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"

Name of Event \_\_\_\_\_ Room Number \_\_\_\_\_

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 \$ \_\_\_\_\_