

EVENT: **MegaCon 2020**

EXHIBITOR	EXHIBITING COMPANY: _____	BOOTH #: _____
	PHONE: _____ FAX: _____	BOOTH SIZE: _____ X _____
	ADDRESS: _____	BOOTH TYPE:
	CITY: _____ STATE: _____	<input type="checkbox"/> INLINE <input type="checkbox"/> ISLAND
	ZIP CODE/PROVIDENCE: _____ COUNTRY: _____	<input type="checkbox"/> PENINSULA <input type="checkbox"/> OTHER
BILLING	BILL-TO COMPANY (IF DIFFERENT): _____	I AM:
	ORDER CONTACT NAME: _____	<input type="checkbox"/> THE EXHIBITOR
	ADDRESS: _____	<input type="checkbox"/> A 3RD PARTY (EAC/I&D):
	CITY: _____ STATE: _____	
	ZIP CODE/PROVIDENCE: _____ COUNTRY: _____	
	PHONE: _____ FAX: _____	
ORDER CONTACT EMAIL: _____	EMAIL FOR INVOICES: _____	

****THIS FORM MUST BE INCLUDED IN YOUR ORDER SUBMISSION OR YOUR ORDER WILL NOT BE PROCESSED****

<u>MegaCon 2020</u>	<u>Place Your Order Online or Via Email or Fax:</u>	<u>OCCC Mailing Address:</u>
Incentive Deadline Date: March 24th, 2020	Order Online: www.occc.net/exhibitor	Orange County Convention Center
To qualify for incentive rates, all order forms, this Method of Payment form and a finalized booth diagram must be received by: March 24th, 2020	Email Forms: exhibitor.services@occc.net	ATTN: Exhibitor Services
	Send Via Fax: (407) 685-9884	9860 Universal Blvd.
	Call: (800) 345-9898	Orlando, FL 32819-8199

COMPANY CHECK

Checks must accompany your order submission and must be received, not postmarked, by the incentive deadline. Make check payable to Orange County Convention Center. Checks must be US funds drawn from a US bank. Please include your show name and booth number on check.

ELECTRONIC FUNDS TRANSFER

OCCC accepts both wire transfers and ACH payments. Payment must be cleared, not sent, by the incentive deadline. It is the exhibitor's responsibility to verify with their Initiating Bank that all fees are included in their payment. Please contact Exhibitor Services for payment instructions.

***ACH Payments now available Online**

CREDIT / DEBIT CARD

OCCC will charge your credit/debit card in full for your advance order and any additional charges for onsite changes or additions. Please complete all of the information below if using a credit/debit card:

CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER: _____ EXPIRATION DATE: _____ SECURITY CODE: _____

CARDHOLDER NAME: _____

BILLING ADDRESS: _____

I, the undersigned cardholder, by submitting an order to the OCCC, acknowledge and agree to all OCCC Terms & Conditions and give the Orange County Convention Center authorization to charge my credit card for the following services: electricity, rigging labor and equipment, lighting, plumbing, compressed air, propane & natural gas, cable TV and/or firewatches.

SIGNATURE: _____ DATE: _____

I further authorize the following named person(s) to approve additional charges on the above card on show site as deemed necessary by said person(s):

NAME: _____ SIGNATURE: _____

NAME: _____ SIGNATURE: _____

NAME: _____ SIGNATURE: _____