RISKWORLD Annual Conference & Exhibition
April 10 – 13, 2022
George R Moscone Convention Center, San Francisco

OFFICIAL CONTRACTOR:

DUPREE SECURITY GROUP, INC.
1800 Peachtree Street, NW, Suite 325, Atlanta, Georgia 30309
Office: 404-350-8355 Fax: 404-350-6991
Contact: mary.brown@dupreesecurity.com or Direct Line 404-350-8355 ext. 10
Contact les@dupreesecurity.com or Direct Line 404-350-8355 ext. 15

On-Site Contact: Ryan Worsham cell# 770-294-6283 or Les Dupree cell# 770-318-4337

REQUEST SUBMITTED BY:

Company:_____ On-Site Contact Person:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Phone:_____ Fax:_____ Booth Number:_____

E-Mail Address: _____

Security services are requested for the following dates and times:

Circle One: Civilian Personnel Police Officer

_____

_____

_____

_____

If your personnel have not arrived at the booth each morning by the time you specified above, should our security personnel stay in your booth until your personnel arrive (any additional costs will become an extra charge over and above this estimate): **If not circled our personnel will leave your booth at the designated time**:
Circle One: Yes No

Hourly Rates:	Civilian Personnel
Orders received by 03/24/2022	$55.00
Orders received after 03/24/2022	$60.00

Terms of Payment: The full amount shall be paid in advance when the request is submitted. Company checks, American Express, Visa and MasterCard are accepted. Any alteration or deviation from the specified dates and times that involve extra costs will become an extra charge over and above this estimate. **A six-hour minimum is required**. Return a completed copy along with payment for the full amount. No order will be accepted without payment. All cancellations must be received 24 hours or more prior to posting time. It is agreed that Dupree Security Group, Inc. is not responsible for theft or damage.

Submitted by:_____

Total Hourly Rate Cost: $_____

3.5% Service Fee for Credit Card: $_____

Total: $_____

Circle One: AMEX Visa MasterCard

Name on Card:_____

Billing Address:_____

Card Number:_____ CVV:_____ Expiration Date:_____

E-Mail Address: _____

CONFIRMATION OF ORDER

DUPREE SECURITY GROUP, INC. Amount Received: _____

By: _____ Date: _____