#### LAS VEGAS ANTIQUE JEWELRY & WATCH SHOW

NV LIC# 525

SPECIAL OPERATIONS ASSOCIATES, INC. 3405 Cambridge Street

Las Vegas, Nevada 89169

(702) 386-8065 • FAX (702) 386-9720

E-Mail: soa@soasecurity.com • www.soasecurity.com

## WYNN LAS VEGAS

JUNE 1 - 4, 2023

SECURITY GUARD ORDER FORM



RETURN BY 05/05/23 \* For Advance Order Rate



**RETURN TO:** 

# Special Operations Associates, Inc.

Of Nevada

Uniformed Officer Advance Order Rate Armed \$45.00 per hour Unarmed \$27.00 per hour On Site Rate (After 5/05/23)

Armed \$60.00 per hour Unarmed \$38.00 per hour

## **NO SHARING OF GUARDS**

#### FULL PAYMENT REQUIRED WITH RECEIPT OF ORDER

#### NOTE: ANY ADDITIONS AFTER ADVANCE ORDER DATE WILL BE CHARGED AT HIGHER RATE.

PLEASE ARRANGE FOR_	RRANGE FOR GUARDS IN OUR BOOTH ON THE FOLLOW		OOTH ON THE FOLLOWING DAYS:
DATE	HOURS	DATE	HOURS
	то		то
	то		то
	TO		то
	TO		то
	TO		то
	то		

Special Operations Associates, Inc. (SOA) is not an insurer. Charges are based solely upon the value of services provided for, and are unrelated to the value of the clients operations property or the property of others. The amounts payable by the client are not sufficient to warrant assuming any risk of damage or loss to property due to SOA's negligence or failure to perform. SOA, its agents and representatives, will provide all necessary safeguards and shall assume no liability for life, accident, theft of property, damage to property or any other loss due to factors beyond our control. The client, by signing this agreement, holds SOA harmless for any and all losses and agrees to have in effect at the time of signing this agreement insurance to cover all product, and personal damages and claims arising from engaging in business as an exhibitor.

AUTHORIZED BY:	Fire watch guard.
TOTAL HOURS REQUESTED:	Guard to work scheduled times only.
	I Guard to remain in booth until exhibitor arrives.

COMPANY NAME:			
ADDRESS:			
CITY:		STATE <sup>,</sup> ZIP <sup>,</sup>	
PHONE: FAX:			
BOOTH NUMBER:	EXHIBIT HALL:	DATE:	
CARD TYPE: AMERICAN EXPRESS 🗅	VISA 🗅 MASTERCARD 🗆	(5% Processing fee will be added for all cred	lit cards)
CREDIT CARD NUMBER:		DN DATE: CVV#	
CARDHOLDER SIGNATURE:	PRINTED N	IAME OF CARDHOLDER:	
CARDHOLDER ADDRESS:		STATE: ZIP:	