



**ROBINSON CENTER**  
 426 W. Markham • #7 Statehouse Plaza  
 Little Rock, AR 72201  
 (501) 370-3248 • FAX# (501) 376-7833

**ALL ADVANCE ORDERS MUST BE RECEIVED SEVEN (7) DAYS PRIOR TO MOVE-IN FOR ADVANCE RATES.**

EVENT DATE \_\_\_\_\_ ROOM NAME/ BOOTH# \_\_\_\_\_  
 NAME OF EVENT \_\_\_\_\_  
 COMPANY NAME \_\_\_\_\_  
 CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**TELEPHONE AND INTERNET SERVICES ORDER FORM**

SERVICE TYPES	QUANTITY	ADVANCE ORDER	*FLOOR ORDER	TOTAL
STANDARD TELEPHONE SERVICE <i>Does not include handset</i> Telephone line installation includes one touch-tone line. Long distance calls may be made using a credit card, or for an additional fee, long distance service can be added to the service. Telephone line goes through a PBX. Suitable for voice and fax service. 28.8 bps connection		\$130.00	\$200.00 *	
BUSINESS TELEPHONE SERVICE-56.6bps <i>Does not include handset</i> Phone line installation includes one touch-tone line. Long distance calls may be made using a credit card, or for an additional fee, long distance service can be added to the service. Telephone line does not go through PBX. Recommended for modem connection. 56.6 bps connection <b>10 BUSINESS DAYS REQUIRED FOR CONNECTION FOR THIS SERVICE.</b>		\$195.00	N/A	
Standard Telephone Hand Set (rental)		\$35.00	N/A	
Long Distance Access (credit card required   Rate: \$10, plus 15¢ per minute)		\$10.00	N/A	
BROADBAND INTERNET ACCESS One dynamic (DHCP) IP address per connection (PC REQUIREMENTS: Internet Explorer 5.0 or later. 10/100Base-T Ethernet, TCP/IP Protocol, configured to obtain IP address and DNS servers automatically). Technical Assistance may incur additional fees		\$185.00	\$275.00 *	
ADDITIONAL CONNECTIONS (IP addresses) for connection above		\$100.00	\$150.00	
Order Change (location or type) Service Charge after installation		\$50.00	N/A	
<b>TOTAL</b>				

NOTES:

Send this completed form with payment to the address at the top of the page. Make check payable to ROBINSON CENTER or pay by credit card.

Check                       Visa                       MasterCard                       American Express

Credit Card \_\_\_\_\_ #Expiration Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date Card Charged \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Authorization # \_\_\_\_\_

**(\*) Floor Rate applies to all orders received less than 7 days prior to move-in. Floor orders and/or changes received less than one day prior to move-in day cannot be guaranteed an installation time (additional charges may apply).**

FOR OFFICE USE ONLY

Order Date: \_\_\_\_\_ NOTES: \_\_\_\_\_  
 Billing Party: \_\_\_\_\_  
 Billed Date: \_\_\_\_\_