



# International Dairy-Deli-Bakery Association 2024

June 9 – 11, 2024

George R. Brown Convention Center, TX



## 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

**On-Site Contact: Ryan Worsham cell# 770-294-6283**

## 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 estimates): **If not circled our personnel will leave your booth at the designated time:**

Circle One: Yes    No

## Hourly Rates:

Civilian Personnel

Orders received by 05/31/24

\$35.00

Orders received on or after 06/01/24

\$45.00

**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 estimates. **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: \$ \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

8.25% Texas Sales Tax: \$ \_\_\_\_\_

3.50% Service Fee for Credit Card: \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Circle:    AMEX                  Visa                  MasterCard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

Address on Card: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## CONFIRMATION OF ORDER

DUPREE SECURITY GROUP, INC.

Amount Received: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_