Return To:

LEXPO
EXPOSITION SERVICES

430 W. VINE STREET, LEXINGTON, KY. 40507
(859) 551-3047 FAX: (859) 254-8151
ahensley@centralbankcenter.com

**THIS FORM SHOULD BE COMPLETED
AND RETURNED WITH ORDER!!!**

PAYMENT FORM

ADVANCED DATE: MONDAY, AUG 21, 2023

NO CHECKS DRAWN ON A FOREIGN BANK ACCEPTED, NOR CHECKS MARKED "PAYABLE IN U.S. FUNDS". PLEASE ISSUE ON A U.S. BANK OR A

U.S. MONEY ORDER OR AMERICAN EXPRESS I INTERNATIONAL MONEY ORDER. WE WILL ALSO ACCEPT AMERICAN EXPRESS OR MASTERCARD OR VISA CARD CHARGES. PLEASE WRITE THE APPROPRIATE CHARGE ACCOUNT NUMBER AND SIGN BELOW.

RECAP OF SERVICES AND EQUIPMENT ORDERED

If someone other than the exhibiting company will pay for items/services on this form, YOU MUST complete "Third Party Payment" information below.

ELECTRIC……………………………………………..……..…….$_____
INTERNET………………………………………………………..$_____
AV……………………..………………………………………..…..$_____

SUB-TOTAL $_____
6% KY State Sales Tax $_____

CREDIT CARD PAYMENT FOR THIS AMOUNT $_____

*It is the responsibility of the exhibitor to provide proof of tax-exempt status. If no proof of tax-exempt status is provided, KY State Sales taxes of 6% will be added to all orders.

CREDIT CARD INFORMATION

Charge to: ☐ VISA   ☐ MASTERCARD   ☐ AMERICAN EXPRESS   ☐ DISCOVER

PRINT Card member Name_____

Account Number:_____

Expiration Date on card:_____

CVB (3) OR (4) DIGIT #: _____

Card Holder Signature_____

Advance charges may be paid by company check but credit card information is required for freight (if applicable), additional services, or rentals ordered at the show site which will be invoiced to your **credit card**. A 3% processing fee will be added to all credit card orders. At the conclusion of the show a complete invoice will be prepared and sent to you reflecting all charges and payments. No credit will be given after close of event on items or services ordered but not received. Please see LEXPO Exposition Services service desk personnel prior to opening if you have a problem.

CHECK PAYMENT

Check No._____Check Date_____Check Amount_____

KY SHRM ANNUAL CONFERENCE

Firm Name_____   Phone (   )_____

Address_____City & State_____Zip Code_____

E-mail Address (for receipt) _____ (Copies of invoices are only available by e-mail or at the service desk)

By_____Name_____Date_____
        Signature   Please Print   (Must be received in our office by Deadline)