

The DIPLOMAT

BEACH RESORT

Technology Services Order
 Email or Fax with Payment to: IT Department
 3555 South Ocean Drive
 Hollywood, Florida 33019
 P:954-602-8856 F: 954-602-8860

Date: _____ **Clearly Print ALL Information, if you have any questions email: FLLDH.IT.Contact@diplomaresort.com**

Event Name: _____ Company Name: _____ Location for equipment (meeting room or booth #): _____

Install Date: _____ Removal Date: _____ Name(print): _____ Phone number: _____
 Time: _____ Time: _____ Email: _____

Company Address: _____ City, State: _____ Zip Code: _____

Advanced Rates - Apply when the order is placed 8 or more days in advance to event. **Pop Up Rates** - Apply when the order is placed within 7 days from the event.
Usage Charges -Vary based on length of call, area called and amount of calls made.

| Ethernet Drop with one IP address - Will give you internet connection for <u>one</u> computer/laptop | | Advanced Rates | Quantity | Pop Up Rates | Quantity | Total High Speed Internet Access |
|---|---------|--------------------|----------|--------------------|----------|----------------------------------|
| Please choose one: <input type="checkbox"/> WIRED ** <input type="checkbox"/> WIRELESS Initial Drop | 1 Day | \$300 | | 1 Day | \$350 | |
| | 2 Days | \$600 | | 2 Days | \$650 | |
| | 3+ Days | \$750 | | 3+ Days | \$800 | |
| Additional IP Address - Should you have more equipment that needs internet connections order an IP Address PER item | | Each additional IP | \$100 | Each additional IP | \$125 | |

***IF WIRED CONNECTION OR PHONE IS REQUESTED, PLEASE INCLUDE DIAGRAM OF YOUR MEETING SPACE/BOOTH WITH LOCATION.** If you choose to bring in your own hub to supply additional connections, the charge of \$100 for additional internet feed will still apply. Also, a charge of \$200 will be incurred for the property's hubs not returned at the end of the event.

| <u>Types of Phone Lines</u> - (Standard House Phone included) In House calls can be made and received with any of the phone lines assigned. | Advanced Rates | Quantity | Pop Up Rates | Quantity | Total Telecom (6% Tax will be applied at time of billing)≈ |
|--|----------------|----------|--------------|----------|--|
| <u>In House phone line</u> - (Outgoing Only) Local, 800 calls and credit card line as well. | \$75.00 | | \$100.00 | | |
| <u>Long Distance Line</u> - (Outgoing Only) Local and long distance calls. | \$150.00 | | \$200.00 | | |
| <u>DID (Direct & Inward Dialing)</u> - (Incoming and Outgoing) Can be used as a fax, can make and receive local, 800 and long-distance calls directly to assigned extension. | \$200.00 | | \$250.00 | | |
| <u>Additional Equipment</u> | Advanced Rates | Quantity | Pop Up Rates | Quantity | Total |
| Simple Speaker Phone | \$50.00 | | \$75.00 | | |
| Polycom Conference Phone | \$200.00 | | \$250.00 | | |
| Polycom Conf Phone w/ addtl mic | \$300.00 | | \$350.00 | | |
| TV Channel Rental | \$1,000.00 | | \$1,250.00 | | |
| Video Conference | \$2,500.00 | | \$2,800.00 | | |
| Voicemail, Rollovers, Hotlines, Call Pickup (each) | \$50.00 | | \$75.00 | | |
| Digital Phone | \$200.00 | | \$250.00 | | |

Estimated Total for this order (tax not applied yet)

FULL PAYMENT MUST BE RECEIVED SEVEN (7) CALENDAR DAYS PRIOR TO YOUR GROUP EVENT IN ORDER TO OBTAIN ADVANCED RATES. NO CREDITS WILL BE ISSUED ON ETHERNET DROPS INSTALLED AS ORDERED EVEN THOUGH NOT USED. ALL ORDERS ARE SUBJECT TO 25% CANCELLATION FEE

Charge to Master Charge to S&P Charge to Credit Card Charge to Guestroom *Once we receive your order and the credit card authorization form, we will call you in order to process the charges over the phone.*

Verify your email address here: _____

Approved by: _____ **Signature :** _____

Notes:

For IT use only: Ext: _____, _____

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Credit Card Payment Authorization Form for Technology Services Order

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 7 business days prior to the Event in order to honor the advanced rates, or by specified date of Event (Pop up rates), to ensure acceptance of the credit card to be charged.

Email form to fldhitcontact@diplomatresort.com and contact 954-602-8856 for processing of payment.

ATTN: Information Technology Department

HOTEL USE ONLY:

Date: _____

| | | |
|--------------------|----------------|-------|
| Authorized Amount: | Approval Code: | Date: |
|--------------------|----------------|-------|

CARDHOLDER - Please complete the following section and sign/date below.

| | | | | |
|---|---|--|--|--|
| Guest / Group Name: | | | | |
| Check-In / Event Date: | | | | |
| Name of Person/Group Making Reservation: | | | Phone: | |
| Cardholder Name as it Appears on Credit Card: | | | | |
| Cardholder Billing Address: | | | | |
| City: | | State: | Zip: | |
| Daytime /Business Telephone: | | | Evening Telephone: | |
| Last 4 digits of Credit Card Number: | | Please call to process payment over the phone. | | Expiration Date: |
| Credit Card Type: (Circle one) | | | | |
| <input type="checkbox"/> Visa/MasterCard | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover | <input type="checkbox"/> JCB | <input type="checkbox"/> Diners Club |
| Credit Card Issuing Bank Name: | | | Bank Phone Number (from back of your credit card): | |
| I agree to cover the following categories of charges: (Please circle) | | | | |
| <input type="checkbox"/> Ethernet | <input type="checkbox"/> Wireless | <input type="checkbox"/> Phone Setup | <input type="checkbox"/> Telephone | <input type="checkbox"/> Miscellaneous |

Note: Charges for Technology Service Order payments will be charged to your credit card immediately. Any telephone usage charges will be charged at the time of conclusion of the event.

In case of a cancellation after account set up/ installation, 25% of the initial fee is due.

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above. If telephone usage was acquired, then all related charges will be charged to the provided card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____