Amusement Expo International 2027

Las Vegas Convention Center

Las Vegas , Nevada March 15 -18 , 2027

SECURITY GUARD
ORDER FORM

RETURN BY 02/12/27
*** For Advance Order Rate**

Special Operations Associates, Inc.
Of Nevada

NV LIC# 525

*ADVANCE ORDER RATE
$36.00 PER HOUR (6 hr. min.)

ON-SITE RATE (after 02/12/27)
$42.00 PER HOUR (6 hr. min)

FULL PAYMENT REQUIRED WITH RECEIPT OF ORDER

RETURN TO:
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

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

PLEASE ARRANGE FOR _____ GUARDS IN OUR BOOTH ON THE FOLLOWING DAYS:

DATE	HOURS	DATE	HOURS
_____	_____ TO _____	_____	_____ TO _____
_____	_____ TO _____	_____	_____ TO _____
_____	_____ TO _____	_____	_____ TO _____
_____	_____ TO _____	_____	_____ TO _____
_____	_____ TO _____	_____	_____ TO _____
_____	_____ TO _____	_____	_____ TO _____

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.

TOTAL HOURS REQUESTED: _____

AUTHORIZED BY: _____

- ❑ Guard to remain in booth until exhibitor arrives.
- ❑ Guard to work scheduled times only.
- ❑ Fire watch guard.

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

BOOTH NUMBER: _____ EXHIBIT HALL: _____ DATE: _____

CARD TYPE: AMERICAN EXPRESS ❑ VISA ❑ MASTERCARD ❑

10% processing fee added to card payment or contact Laura for ACH information: ljulius@soasecurity.com

CREDIT CARD NUMBER: _____ EXPIRATION DATE: ____/____ CVV#_____

CARDHOLDER SIGNATURE: _____ PRINTED NAME OF CARDHOLDER: _____

CARDHOLDER ADDRESS: _____ STATE: _____ ZIP: _____