

## **TELECOMMUNICATIONS INSTRUCTIONS & CONDITIONS - 2023**

#### INSTRUCTIONS AND CONDITIONS

- 1) The Sands Expo & Convention Centre and Sands Event Services shall not be liable for, and hereby released from, any special, indirect, incidental, or consequential damage; including without limitation, the following: lost profits, damage to business reputation, lost opportunity or commercial loss of any kind to the customer which results from the use (or the inability to use) any of the services or equipment which is contemplated herein, or from the breach by the SECC, Sands Event Services, or any of their employees, agents or contractors.
- 2) All orders are subject to a cancellation fee if CANCELLED within 7 calendar days prior to show opening date. All services delivered on site cannot be cancelled nor be refunded. All prices are subject to change without prior notice
- 3) All charges are subject to change without prior notice.
- 4) Price Payable may be subject to change due to impending change in the GST Rate

#### ADDITIONAL CHARGES/FEES:

- All long-distance and international calls are charged based on the prevailing rates.
- Instruments Instruments with attachment line must be returned to the MICE Customer Service Desk within one hour following the close of the event. Exhibitors who do not return their instruments will be charged: \$300 for single-line instruments and \$1000 for multi-line and polycom instruments.
- Labour Charges Labour between the hours of 7am 7pm, Monday Friday (minimum 1 hour work), will be at the Straight Time labour rate. After 8 hours of work, Premium labour rate applies. Any work from Monday Friday, 7pm 11pm and Saturday, Sunday, Public Holiday 7am 11pm, Premium rate will applies. Midnight rate will apply for work required from 11pm 7am next day.

LABOR RATES: Straight Time = \$100/hour Premium = \$150/hour Midnight = \$300/hour

Prices, Policies, and Procedures Subject to Change without prior notice. GST Registration No. M90364464C.

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## LAST DAY TO RECEIVE ADVANCE RATE IS 2<sup>nd</sup> June 2023



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## **TELECOMMUNICATIONS SERVICES ORDER FORM - 2023**

E-mail or fax forms to: MARINA BAY SANDS PTE LTD – ATTN: SANDS EXPO & CONVENTION CENTRE – MICE SERVICE CENTRE 10 BAYFRONT AVENUE • SINGAPORE 018956 P: +65 6688 3888 • F: +65 6688 3889 • E: secc@marinabaysands.com

| EVENT NAME: IAAPA Expo Asia 2023 (65400)   | to ensure complete order was rec<br>EVENT DATES: <b>14 – 16 June 20</b> | BOOTH # / MTG.                  |               |  |               |  |  |  |  |  |  |
|--|---|---------------------------------|---------------|--|---------------|--|--|--|--|--|--|
|  | EVENT DATES. 14 10 June 20  | ROOM #                          |               |  |               |  |  |  |  |  |  |
|  |   | HALL LOCATION: Hall A, B, C     |               |  |               |  |  |  |  |  |  |
| EXHIBITING CO. NAME:   |   |                                 |               |  |               |  |  |  |  |  |  |
| EXHIBITING CO. ADDRESS: (STREET)   | (CITY)  | (STATE)                         | (COUN         | TRY)   | (ZIP CODE)    |  |  |  |  |  |  |
| TELEPHONE:   | FAX:  |                                 |               | E-MAIL:  |               |  |  |  |  |  |  |
| ORDERED BY: (DR/HON/PROF/MDM/MISS/MRS/MS/MR)<br>(Print Name)   | JOB TITLE:  |                                 |               | SIGNATURE:   |               |  |  |  |  |  |  |
| BILL-TO CO. NAME: (If different from above)  |   |                                 |               |  |               |  |  |  |  |  |  |
| BILL-TO ADDRESS: (STREET)  | (CITY)  | (STATE)                         | (COUN         | ITRY)  | (ZIP CODE)    |  |  |  |  |  |  |
| TELEPHONE:   | FAX:  |                                 |               | E-MAIL:  |               |  |  |  |  |  |  |
| ORDERED BY: ( <b>DR/HON/PROF/MDM/MISS/MRS/MS/MR)</b><br>(Print Name)   | JOB TITLE:  |                                 |               | SIGNATURE:   |               |  |  |  |  |  |  |
| UNLESS OTHERWISE STATED. PAYMENT RECEIVED AFTER THE CUT-OFF WILL BE INVOICED AT THE STANDARD RATE WHERE APPLICABLE. ALL OTHER ORDERS WILL BE PROCESSED AT THE STANDARD RATE. NO<br>CREDITS/REFUND WILL BE ISSUED ON SERVICES INSTALLED AS ORDERED EVEN THOUGH NOT USED. ALL ORDERS ARE SUBJECT TO PREVAILING TAXES & CANCELLATION FEE. REVIEW INVOICE PRIOR TO<br>DEPARTURE.<br>FORM INFORMATION: (Please read carefully)<br>BEFORE TELEPHONE LINES ARE INSTALLED, A CREDIT CARD MUST BE ON FILE. PLEASE FILL OUT THE "CREDIT CARD AUTHORISATION FORM". THE CREDIT CARD WILL BE USED<br>TO INVOICE TELEPHONE CALLS THAT EXCEED THE DEPOSIT OR TO CREDIT ANY UNUSED PORTION OF YOUR DEPOSIT.<br>PRE-PLANNING CAN SAVE YOU MONEY. Telephone lines are dropped with the main power drop into booth. PLEASE INDICATE ALL TELEPHONE LINE LOCATIONS BY FILLING<br>OUT THE SERVICE LOCATION PLAN. Failure to notify Sands Event Services of telephone location will result in a charge on a time and material basis to relocate line.<br>Telephone service which is pre-ordered cannot be guaranteed prior to one day before event opening due to temporary conditions which exist during set up. Orders that are<br>placed after the cut-off date will be handled on a first-come, first-serve basis. Orders placed at show site cannot be guaranteed. Instruments should be picked up at MICE |   |                                 |               |  |               |  |  |  |  |  |  |
| Customer Service Desk.   Instruments will not be delivered to your booth. Instruments should be picked up at MICE Customer Service Desk.  SUBTOTAL   |   |                                 |               |  |               |  |  |  |  |  |  |
| ITEM   | QTY   | ADVANCED RATE                   | STANDARD RATE |  | (QTY X PRICE) |  |  |  |  |  |  |
| IP Phone (local calls only)<br>(Comes with IP Phone set. Needs a prefix 9 to get an external line)   |   | \$234                           |               | \$306  |               |  |  |  |  |  |  |
| IP Phone (international calls)<br>(Comes with IP Phone set. Needs a prefix 9 to get an external line)  |   | \$252<br>Excludes \$200 deposit | Exclude       | \$329<br>s \$200 deposit   |               |  |  |  |  |  |  |
| Analog Phone Line for Fax Service (local transmission only)<br>(Analog phone set / Fax machine not included)   |   | \$234                           |               | \$306  |               |  |  |  |  |  |  |
| Analog Phone Line for Fax Service (international transmission)<br>(Analog phone set / Fax machine not included)  |   | \$252<br>Excludes \$200 deposit | Evoludo       | \$329<br>s \$200 deposit   |               |  |  |  |  |  |  |
| Analog Phone Line (voice only/local calls only)<br>(For analogue phone service, credit card / Nets service usage. Analog<br>phone set / Credit card / Nets Machine not included. Credit card / Nets<br>machine needs to preconfigured a prefix 9 for an external line; Phone set<br>need to dial a prefix 9 to get an external line)   |   | \$234                           | Little        | \$306  |               |  |  |  |  |  |  |
| IP Teleconferencing System (international & local calls)<br>(IDD charges apply based on consumption inclusive of SGD200 deposit)   |   | \$468                           |               | \$612  |               |  |  |  |  |  |  |
|  | <b>_</b>  |                                 |               | TOTAL  |               |  |  |  |  |  |  |
|  |   |                                 |               | PREVAILING GST %   |               |  |  |  |  |  |  |
|  |   |                                 |               | GRAND TOTAL<br>(SINGAPORE DOLLARS<br>may be subject to change<br>g change in the GST Rate) |               |  |  |  |  |  |  |

NOTE: A Service Location Plan (Form 3) must be submitted to process required orders. Preferred handover date & time of the equipment and/or service requested should also be included.

All orders are subject to a cancellation fee if CANCELLED within 7 calendar days prior to show opening date. All services delivered on site cannot be cancelled nor be refunded. All prices are subject to change without prior notice.

PAYMENT MODE Credit card information will be used to guarantee the service request on this order form. (Will be used for any and all Sands Event Services you order in addition to those listed on this form.)

Cheque/ Telegraphic No.

\_\_\_\_\_\_ MAKE PAYABLE TO: MARINA BAY SANDS PTE LTD. MUST BE RECEIVED 14 DAYS PRIOR TO EVENT START DATE.

□ <u>Cheque Payment:</u>

All cheques should be crossed and made payable to Marina Bay Sands Pte Ltd All payments must be sent directly to: Marina Bay Sands Pte Ltd Accounts Receivable Finance Non-Gaming Department 10 Bayfront Avenue Singapore 018956 Reference: Please include the show name at the back of the

crediting to your event account.

☐ <u>Telegraphic Transfer:</u> Please make payment to: Bank Name: DBS Bank Ltd A/C No.: 003-909346-2 A/C Name: Marina Bay Sands Pte Ltd Swift Code: DBSSSGSG Reference: Please include the event/event date during Telegraphic Transfer. Failure to do so will result with the wire transfer not properly crediting to your event account. NOTE: Organisation will be responsible for the payment of all charges incurred from the bank.

□ Credit Card Payment: Please complete and submit the Credit Card Authorization Form.

□ <u>Cash</u> (only applicable for onsite orders)

Prices, Policies, and Procedures Subject to Change without prior notice. GST Registration No. M90364464C



#### **SERVICE LOCATION PLAN – 2023**

To assist us in placing your services in the proper location, please utilize this service location plan. If you send us your own floor plan, please make sure that it includes all of the information that we have indicated on this plan.

The service ordered will be dropped from the exhibition hall ceiling vertically above the booth area or obtained from the nearest service closest of the booth on floor level. The termination point will be as close as possible to the required location (s). The service will be terminated at floor level with the appropriate termination. Any horizontal running of the service is subject to a separate charge with quotation on actual work involved.

**TELECOMMUNICATION SERVICES:** 

INTERNET SERVICES:

•

AUDIO VISUAL SERVICES

• Indicate main telephone line termination location.

Indicate extension phone line termination locations.

Indicate location of internet port termination location.

Indicate location of Audio-Visual services engaged

#### ELECTRICAL SERVICES:

- Indicate main power location.
- Indicate additional outlet locations with rating
   Indicate lighting connection point (Indicate wattage
- or amperage required at each location.)

#### COMPRESSED AIR/WATER OUTLETS:

Indicate these locations (for island booths)
 By writing "Air/Water" at appropriate location.
 (with capacity of the supply rating)

#### **RIGGING/HANGING APPLICATIONS:**

# You must submit a detailed plan for hanging applications. Please see page 4 or contact us with questions regarding hanging signs, truss, or use of motorized hoist(s).

- Detach the Service Location Plan and send with your order form(s).
- Please complete this information for ease of booth identification.
- EVENT NAME: IAAPA Expo Asia 2023 (65400)
   EVENT DATES: 14 16 June 2023

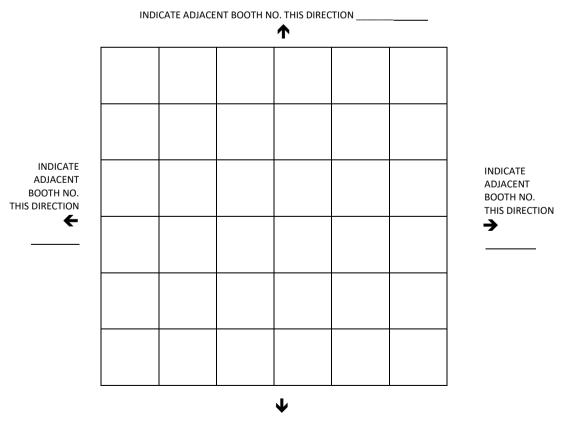
   EXHIBITING CO. NAME:
   BOOTH #:

   CONTACT PERSON ON SITE:
   LOCAL CONTACT NO. (IF ANY)

   PREFERRED SERVICE ACTIVATION / HAND-OVER SCHEDULE: (Time / Date)
   Note: All services provided under this standard service order forms are intended to be used by the customer for a continuous rental period of not more than seven (7) days unless otherwise stated. The Centre reserves the right to apply a surcharge for early activation and/or extended usage of the services. A surcharge is also applicable if the customer requests the Centre to handover and/or activates the service outside the license period.

## Please indicate and mark up the location of the service in the diagram below.

Scale: 1 square = \_\_\_\_\_\_ square meter OR Other: \_



INDICATE ADJACENT BOOTH NO. THIS DIRECTION

FORM

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## CREDIT CARD AUTHORISATION/METHOD OF PAYMENT FORM 2023

E-mail or fax forms to:

MARINA BAY SANDS PTE LTD - ATTN: SANDS EXPO & CONVENTION CENTRE - MICE SERVICE CENTRE 10 BAYFRONT AVENUE • SINGAPORE 018956

| P: +65 6688-3888  | ٠ | F: +65 6688-3889 • | ) | E: secc@marinabaysands.com |  |  |  |  |  |
|---|---|--------------------|---|----------------------------|--|--|--|--|--|
| Please indicate total number of names faved to ensure complete order was received |   |                    |   |                            |  |  |  |  |  |

|  |               |                             |               | Plea           | se indicate                  | e total nur                 | nber of p                      | ages faxe       | d to ensur  | re complet    | e order     | was receive                                       | ed.        |              |           |         |
|--|---------------|-----------------------------|---------------|----------------|------------------------------|-----------------------------|--------------------------------|-----------------|-------------|---------------|-------------|---|------------|--------------|-----------|---------|
| EVENT NAME: IAAPA Expo Asia 2023 (65400) |               |                             |               |                |                              | EVE                         | EVENT DATES: 14 – 16 June 2023 |                 |             |               |             |   | BOOTH # /  | MTG. RO      | OM        |         |
|  |               |                             |               |                | HAL                          | HALL LOCATION: Hall A, B, C |                                |                 |             |               |             | #   |            |              |           |         |
| EXHIBITI                                 | NG CO. NAI    | ME:                         |               |                |                              |                             |                                |                 |             |               |             |   |            |              |           |         |
|  |               |                             |               |                |                              | (0)704                      |                                |                 | (07.175)    |               | (00) 11     | 7014  |            | (7)0.0005)   |           |         |
| EXHIBITI                                 | NG CO. ADD    | ORESS: (STRE                | ET)           |                |                              | (CITY)                      |                                |                 | (STATE)     |               | (COUN       | IRY)  |            | (ZIP CODE)   |           |         |
| TELEPHC                                  | NE:           |                             |               |                |                              | FAX:                        |                                |                 |             |               |             | E-MAIL:   |            |              |           |         |
|  |               | ION/PROF/                   | MDM/MISS      | /MRS/MS/       | MR)                          | JOB TITL                    | E:                             |                 |             |               |             | SIGNATURE   | :          |              |           |         |
| (Print Na                                |               | (If different               | from above    | •)             |                              |                             |                                |                 |             |               |             |   |            |              |           |         |
|  |               |                             | J             | ,              |                              | ÷                           |                                |                 |             |               |             |   |            |              |           |         |
| BILL-TO /                                | ADDRESS: (S   | STREET)                     |               |                |                              | (CITY)                      |                                |                 | (STATE)     |               | (COUN       | ITRY)   |            | (ZIP CODE)   |           |         |
| TELEPHC                                  | NE:           |                             |               |                |                              | FAX:                        |                                |                 |             |               |             | E-MAIL:   |            |              |           |         |
| ORDERE<br>(Print Na                      | • •           | ION/PROF/                   | MDM/MISS      | /MRS/MS/I      | MR)                          | JOB TITL                    | E:                             |                 |             |               |             | SIGNATURE   | :          |              |           |         |
| TO SHOW                                  | OPENING DA    | ATE TO ENSU                 | RE AVAILABILI | TY. ALL OTH    | ER ORDERS W                  | ILL BE PROCE                | SSED AT TH                     | E STANDARD      | RATE. NO C  | REDITS WILL E | BE ISSUED ( | LI PAYMENT BY<br>ON SERVICES IN<br>ON, ALL SERVIC | STALLED    | AS ORDERED   | EVEN THO  | UGH     |
| METHO                                    | D OF PAY      | MENT &                      | AUTHOR        | ISATION        | (will be u                   | sed for a                   | II Sands                       | Event Se        | ervices yo  | ou order o    | or incur    | ):  |            |              |           |         |
|  |               | -                           | e informatio  |                |                              |                             |                                | _               |             |               |             |   |            |              |           |         |
|  |               |                             | nerican Exp   |                |                              | asterCard                   |                                | 🗆 VISA          |             |               |             |   |            |              |           |         |
| 🗆 Compa                                  | ny Credit C   | Card: 🗆 Ar                  | merican Exp   | oress          |                              | asterCard                   |                                | 🗆 VISA          |             |               |             |   |            |              |           |         |
| Credit Ca                                | rd Numbe      | r:                          | 1             |                |                              |                             |                                | 1               | 1           | 1             |             |   |            |              |           |         |
|  |               |                             |               |                |                              |                             |                                |                 |             |               |             |   |            |              |           |         |
| Expiratio                                | n Date:       | 1                           |               |                | Car                          | dholder's                   | Name:                          |                 |             |               |             |   | I          |              |           |         |
|  |               |                             |               |                |                              |                             |                                |                 |             |               |             |   |            |              |           |         |
| Cardhold                                 | er's Signat   | ture:                       |               |                |                              |                             |                                |                 |             |               |             |   |            |              |           |         |
| Cardhold                                 | er's Billing  | Address:                    |               |                |                              |                             |                                |                 |             |               |             |   |            |              |           |         |
| City/Stat                                | e/Zip:        |                             |               |                |                              |                             |                                |                 |             |               |             |   |            |              |           |         |
|  | · ·           |                             | THE EVENT     | PLEASE IN      | DICATE PER                   | SON(S) AU                   | THORISED                       | TO SIGN O       | N YOUR BE   | HALF.         |             |   |            |              |           |         |
|  | THORISED      |                             |               | ,              |                              |                             |                                |                 |             |               |             |   |            |              |           |         |
|  |               |                             |               |                |                              |                             |                                |                 |             |               |             |   |            |              |           |         |
| Print Name                               | e             |                             |               |                |                              |                             |                                |                 |             | Signature     |             |   |            |              |           |         |
| <br>Print Name                           |               |                             |               |                |                              |                             |                                |                 | Signature   |               |             |   |            |              |           |         |
| I, Cardhold                              | ler of the cr | edit card (w                | vhose detail  | s are set ou   | t above) / tł                | ne authoriz                 | ed signato                     | ory of the co   | ardholder o | f the credit  | card (wh    | ose details ai                                    | re set ou  | t above), he | ereby aut | horise  |
|  |               |                             |               |                | ve-reference<br>the cardhold |                             |                                |                 |             | n this Credit | t Card Au   | ithorisation o                                    | and/or ti  | he order fo  | orms whic | ch are  |
|  |               | irrevocably<br>o the credit |               | litionally au  | thorize MBS                  | to charge                   | to the cre                     | edit card al    | the Amou    | nts due ana   | l payable   | and I shall b                                     | e liable j | for the pay  | ment of a | all the |
| resides wit                              | th [          |                             |               | (name of c     | ontracting p                 | oarty)] and                 | any and a                      | all liability i | n respect o |               |             | ontinue and                                       |            |              |           |         |
| Further, I d                             | agree and a   | cknowledge                  | that MBS n    | nay, in its so |                              | , have reco                 | urse to an                     | y other law     | ful means o |               |             | and/or secur<br>vith the conse                    |            |              | this      |         |
| We recom                                 | mend that t   | his form be                 | sent to us v  | ia Fax or se   | cured/encry                  | oted email.                 | While we                       | have imple      | mented pro  | ocedures to   | safeguard   | d and secure<br>ess or loss of                    | your info  | ormation, w  |           | able to |
|  |               |                             | THIS CAR      |                |                              |                             |                                | ,               | -           |               |             |   | -          |              |           |         |
|  | D/VISUAL      |                             |               |                | GH REACH                     | EQUIPM                      | ENT                            |                 |             | SERVICES      | (AIR, W     | ATER, DRAII                                       | N)         |              |           |         |
| 🗆 воот                                   | H CLEANIN     | NG SERVIC                   | ES            |                | TERNET                       |                             |                                |                 |             | OMMUNI        | CATIONS     | – ICT   |            |              |           |         |
| BUSIN                                    | IESS CENT     | RE SERVIC                   | ES            |                | BOR                          |                             |                                |                 |             | ISION PRO     | GRAM S      | ERVICES   |            |              |           |         |
|  |               |                             |               |                | OGISTIC SEI                  |                             |                                |                 |             | 5/LIGHTING    |             |   |            |              |           |         |
|  |               |                             |               |                | AIL CENTR                    |                             |                                |                 |             | R             |             |   |            |              |           |         |
|  |               | ICATIONS/                   | RIGGING       | □ M            | ATERIAL H                    | ANDLING                     | EQUIPM                         | ENT             |             |               |             |   |            |              |           |         |
|  | IFORMAT       |                             | ariar ta ab - | w close ····   | loss speciel                 | hilling ar                  | ilogos h-                      | vo hoor of      | tablicked   | with MDC      | Cradita     | vill not be in                                    |            | convioce in  | ctallad - | c       |
|  |               |                             |               |                |                              |                             | -                              |                 |             |               |             | vill not be is:<br>voices prior                   |            |              |           |         |
|  |               | -                           |               |                | -                            |                             |                                |                 |             |               |             | r all instruc                                     |            | -            |           |         |
|  |               |                             |               |                | due to imp                   | -                           |                                |                 |             |               | - , -       |   |            |              |           |         |