



ARMAGEDDON SERVICES

A DIVISION OF R & M SERVICES OF ILLINOIS, LLC

**UNARMED GUARD
ADVANCE ORDER RATE
\$ 25.00 PER HOUR
AFTER April 1, 2019
& ON -SITE RATE:
\$29.00 PER HOUR**

**2020 North California Ave. Suite 263
Chicago, Illinois 60647
Phone: 773-735-1600
Fax: 773-735-3542
info@TheArmageddonGroup.com
WWW@TheArmageddonGroup.com
"The Absolute End in Security"**



***NEW Place Credit Card orders on line at WWW.TheArmageddonGroup.com.
use Show Code SWC19***

We accept Visa, Master Card, American Express and Discover (3% Credit Card fee will apply)

Name of Show **Star Wars Celebration 2019 April 11 - 15**

DATES OF SERVICE	HOURS OF SERVICE

Please note: All schedules must satisfy a 5 hour minimum. Any "day of" cancellations must be cancelled at least 3 hours prior to the start time of that day's schedule or incur a 5 hour charge. No schedule may commence or end between the of 12:01AM and 6:00AM.

Exhibitor _____ Booth No. _____

Address _____ City _____ State _____ Zipcode _____

Attention _____ Exhibit Hall _____

Report to _____ Phone _____

Email _____ Onsite Phone _____

It is understood and agreed by and between the parties that: the Agency is not an insurer, that insurance if any, shall be obtained by the Client: the Agency is being paid hereunder for a guard system designed to deter certain risks of loss and that all amounts being charged hereunder by the Agency are not sufficient to guarantee that no loss will occur; the Agency makes no warranty or guarantee including any implied warranty of merchantability or fitness, that the service supplied will avert or prevent occurrences of loss there from which the service is designed to detect or avert.

The Client acknowledges that the Client alone has chosen the number of guards and the type of service to be provided herein and that the Agency has informed the Client that additional guards and services are available from the Agency at an additional cost to the Client and that the Client has elected not to avail themselves of the additional guard services

Authorized by: _____ Date: _____