

Signature:

Minneapolis Convention Center
1301 Second Ave South
Minneapolis, MN 55403
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ExhibitorServices@minneapolismn.gov

EMAIL FORM

2025 GUEST & SECURITY SERVICE ORDER FORM

Effective 1/1/25 thru 12/31/25

Save \$35 when you order online ORDER ONLINE Order Date:								
Event Name: Booth #: Event Date(s):								
Company Name: Exhibit Firm:								
Billing Address:				City:	State:	Zip:	Country:	
Phone:				Email:				
Ordered by/title: On-Site Contact: Or						On-Site Phone:		
Please list the on-site contact authorized to make changes and additions								
Same as on-site contact listed above On-Site Contact: On-Site Phone:								
All scheduled shifts have a 4-hour minimum. A supervisor may be required for shifts over 4 hours.								
Security Sec								
	Date Service Needed	Begin Serv	rice AM/PM	End Service AM/PM	Total Hours	Standard Rate (per l	hour) Total	
						\$52.50		
Guard						\$52.50		
			ĺ			\$52.50		
						\$52.50		
Supervisor			ĺ			\$57.00		
						\$57.00		
nber						\$57.00		
SI			ĺ			\$57.00		
	•					Tax (9.0	25%)	
	Tota						Total	
Po	lice Services							
	Date Service Needed	Begin Serv	rice AM/PM	End Service AM/PM	Total Hours	Standard Rate (per l	hour) Total	
Police Officer						\$380.00		
						\$380.00		
lice						\$380.00		
8						\$380.00		
	Tax (9.02						25%)	
Total							Total	
Me	dical Services							
	Date Service Needed	Begin S AM/		End Service AM/PM	Total Hours (at Standard Rate)	Standard Rate (per l	hour) Total	
EMT						\$78.00		
						\$78.00		
						\$78.00		
						\$78.00		
Tax (9.025%)							25%)	
Total							Total	
Processing Fee (avoid this fee when you order online) ORDER ONLINE							NE	
Order Total:							otal:	
By your signature below, you acknowledge and agree to MCC Conditions and Regulations. Payment must be in U.S. Funds. Use payment authorization form.								

Date: