

On Hawaii's Big Island

Internet Connection Order Form

General Information ————————————————————————————————————	
Event Name:	
Your Group/Company Name:	
Contact Name for this request:	
E-mail address:	
Phone #: FAX #:	
─ Billing Information ────	
To Master Account #: Amount to be charged: \$ (refer to proposal	l)
OR Room #:	
OR Credit Card #:	
CC Type:	
Name on CC:	
Location of setup (meeting room or promenade area)	
Style of setup (include drawing if possible) kiosk classroom theater	
Install Date: Install Time:	
Removal Date: Removal Time:	
Type of connection: RJ-45 Ethernet Wireless Ethernet	
Number of Rooms to have access	
Number of computers or devices using this service	
Would you like us to provide Ethernet HUBs? Yes / No Qty	
Would you like us to provide patch cables? Yes / No Qty	
How will connection be used?	
Remote Host Controlling VPN Web Browsing	