

COUTURE

WYNN LAS VEGAS

May 28 - 31, 2026

SECURITY GUARD ORDER FORM



Special Operations Associates, Inc. Of Nevada

NV LIC# 525

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

RETURN BY 04/24/26
*** For Advance Order Rate**

Uniformed Officer Advance Order Rate

Armed \$52.00 per hour

Unarmed \$34.00 per hour

On Site Rate (After 04/24/26)

Armed \$68.00 per hour

Unarmed \$42.00 per hour

NO SHARING OF GUARDS

FULL PAYMENT REQUIRED WITH RECEIPT OF ORDER

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: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

BOOTH NUMBER: _____ **EXHIBIT HALL:** _____ **DATE:** _____

CARD TYPE: AMERICAN EXPRESS VISA MASTERCARD (5% Processing fee will be added for all cards)

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

CARDHOLDER SIGNATURE: _____ **PRINTED NAME OF CARDHOLDER:** _____

CARDHOLDER ADDRESS: _____ **STATE:** _____ **ZIP:** _____