

## **CORPORATE OFFICE:**

P O Box 2969 Zanesville, Ohio 43702 Phone 740-454-1201 Fax 740-454-4809

## EXHIBITOR ORDER FORM OHIO EXPO CENTER ELECTRICAL SERVICES

ADVANCE RATE: ORDER MUST BE RECEIVED 2 WEEKS PRIOR TO OPENING DAY OF SHOW ALL ORDERS RECEIVED AFTER DEADLINE WILL BE AT FLOOR RATE

## **RATES SPECIAL WIRING** Electrical labor rate is \$50.00 per hour between 8:00AM and 5:00PM Rates quoted below cover resonable access to electrical circuit and DO NOT include connecting equipment or special wiring. Double time rate applies after 5:30PM and on Saturday Sunday, and All wiring and electrical work on exhibitor's display will be charged on Holidays. Labor billed at 1 hour minimum. Two weeks advance notice on all labor orders is required. All clean a time and material basis. Proper tagging of equipment indicating voltage, phase, current, etc. is line requests will be done by quotation only. the responsibility of the exhibitor! Additional charges may apply for outdoor exhibitor spaces. ELECTRICAL OUTLET MAY BE ON PILLER BEHIND BOOTH IF NOT IN BOOTH. FOR QUOTE CALL 740-454-1201 **ELECTRICITY AND ACCESSORIES QUANTITY SINGLE PHASE ADVANCE RATES FLOOR RATES TOTAL** 120 Volt 0-1000W \$ 50.00 per outlet \$ 75.00 per outlet 120 Volt 1000- 2000W \$ 55.00 per outlet \$ 80.00 per outlet 208 Volt 20 Amp \$ 75.00 per outlet \$ 110.00 per outlet 208 Volt 30 Amp \$ 95.00 per outlet \$ 135.00 per outlet 208 Volt 50 Amp \$ 125.00 per outlet \$ 175.00 per outlet THREE PHASE 208 Volt 20 Amp \$ 125.00 per outlet \$ 185.00 per outlet 208 Volt 30 Amp \$ 140.00 per outlet \$ 200.00 per outlet 208 Volt 50 Amp \$ 165.00 per outlet \$ 235.00 per outlet **EQUIPMENT** Extension Cord (one receptacle) \$ 20.00 each \$ 30.00 each 3-Way Cube Tap (three receptacle) \$ 20.00 each \$ 30.00 each 4-Way Quad Box \$ 35.00 each \$ 25.00 each LABOR LABOR IN Straight time \$ 50.00 per hour LABOR IN Over time \$ 100.00 per hour LABOR OUT Straight time \$ 50.00 per hour LABOR OUT Over time \$ 100.00 per hour PAYMENT PLEASE MAKE CHECKS PAYABLE TO: EXPO SERVICES **TOTAL** CHECKS - Please complete the following: CREDIT CARD - Please complete the following: VISA M/C AM EX DIS Check Number: \_\_ \_\_\_ Dated \_\_ Acct. Number Amount \$\_ Exp. Date \_\_\_\_\_ 3 or 4 digit no. on back of card NOTE: All Checks are deposited upon receipt. Do not postdate! There is a \$25.00 charge for all checks returned by the bank. Card Holder \_\_\_ Signature PLEASE COMPLETE THIS PORTION - (For CREDIT CARD PAYMENTS - Provide C.C. billing address) 50% CANCELLATION FEE FOR Booth Number(s) ALL ORDERS CANCELLED OR Name of Event \_ CHANGED AT SHOW SITE. \_\_\_\_\_Tel. No. \_\_\_\_\_ Firm Name \_\_\_ PAYMENT MUST BE RECEIVED \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_ \_\_\_\_City \_\_\_ \_\_\_\_ BEFORE SERVICE IS

Credit Cards unprocessed due to insufficient information or funds may not be eligible for Advance Rates
THIS FORM MUST BE COMPLETED AND RETURNED FOR YOUR ORDER TO BE PROCESSED. KEEP A COPY FOR YOUR RECORDS

Signature