VALLEY FORGE CASINO RESORT

ELECTRIC ORDERING FORM

EVENT / GROUP: ***2015 Parent Group Expo - PTO Today***

DISCOUNT DEADLINE
March 6, 2015

NAME OF BOOTH: BOOTH # :

ADDRESS: (STREET, CITY, STATE, ZIP)

TELEPHONE #:

EXHIBITOR REPRESENTATIVE: **EMAIL:**

VOLTS	AMPERAGE	QUANTITY	DISCOUNT	STANDARD	TOTAL	Comments
120 VOLTS	15 AMPS		$ 125.00	$ 250.00		
	20 AMPS		$ 165.00	$ 295.00		
208 VOLTS SINGLE PHASE	20 AMPS		$ 290.00	$ 375.00		
	30 AMPS		$ 315.00	$ 415.00		
	40 AMPS		$ 340.00	$ 450.00		
	50 AMPS		$ 360.00	$ 470.00		
	60 AMPS		$ 380.00	$ 510.00		
	70 AMPS		$ 415.00	$ 540.00		
	80 AMPS		$ 440.00	$ 575.00		
	90 AMPS		$ 470.00	$ 630.00		
	100 AMPS		$ 500.00	$ 690.00		
208 VOLTS TRIPLE PHASE	20 AMPS		$ 430.00	$ 410.00		**MUST ORDER 2 WEEKS PRIOR TO MOVE IN**
	30 AMPS		$ 360.00	$ 455.00		
	40 AMPS		$ 380.00	$ 485.00		
	50 AMPS		$ 400.00	$ 530.00		
	60 AMPS		$ 440.00	$ 580.00		
	70 AMPS		$ 520.00	$ 795.00		
	80 AMPS		$ 560.00	$ 840.00		
	90 AMPS		$ 600.00	$ 890.00		
	100 AMPS		$ 680.00	$ 935.00		
WATER	0-100GLS		$ 395.00	$ 495.00		
	100-300GLS		$ 495.00	$ 595.00		
	300+ GLS		$ 595.00	$ 695.00		
HOOK UP FEE			**$ 25.00**	**$ 50.00**		
SUB TOTAL:						
TAX (6%) :						
TOTAL:						

** All charge MUST be prepaid to the* **VALLEY FORGE CASINO RESORT**

** All fax orders MUST have credit card information enclosed*

**** PLEASE BE SURE HANDWRITING IS LEGIBLE SO ORDERS CAN BE PROCESSED CORRECTLY***

**** Orders received after the discount deadline will be subject to standard rate.***

** A 50% refund will given on cancellation up two (2) weeks prior to the first day of show move-in.*

** No refund will be given on cancellation less than two (2) weeks prior to the first day of show move-in.*

** All exhibitor's MUST return all equipment's or a $75.00 charge will be added.*

*** PLEASE NOTE THERE IS A FEE FOR HOOK UP OF ELECTRICITY.***

Please make checks payable To:

Valley Forge Convention Center
Attn: Booth Services

1160 First Ave.
King of Prussia, Pa. 19406

Email: boothservices@vfcasino.com

Phone: 610.878.8495

Fax: 610-768-0183

CREDIT CARD PAYMENTS:

_____AMEX _____VISA
_____MASTERCARD _____DISCOVER

ACCOUNT NUMBER:_____

EXP:_____

_____
NAME ON ACCOUNT

_____
SIGNATURE

******This charge will appear as 'Radisson Lodging' on your Credit Card Statement.***

******Please keep a copy of this form as a receipt for your own records***