

EXPO SERVICES

CORPORATE OFFICE:
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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
<p>Rates quoted below cover reasonable access to electrical circuit and DO NOT include connecting equipment or special wiring. All wiring and electrical work on exhibitor's display will be charged on a time and material basis. Proper tagging of equipment indicating voltage, phase, current, etc. is the responsibility of the exhibitor!</p>	<p>Electrical labor rate is \$50.00 per hour between 8:00AM and 5:00PM Double time rate applies after 5:30PM and on Saturday, Sunday, and Holidays. Labor billed at 1 hour minimum. Two weeks advance notice on all labor orders is required. All clean line requests will be done by quotation only. 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</p>

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	\$ 25.00 each	\$ 35.00 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**
(CIRCLE ONE)

Check Number: _____ Dated _____ Acct. Number _____

Amount \$ _____ Exp. Date _____ I.D. Number _____ 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)

Name of Event _____ Booth Number(s) _____

Firm Name _____ Tel. No. _____

Address _____ City _____ State _____ Zip _____

Print Your Name _____ Signature _____

50% CANCELLATION FEE FOR ALL ORDERS CANCELLED OR CHANGED AT SHOW SITE.

PAYMENT MUST BE RECEIVED BEFORE SERVICE IS PROVIDED

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**