

## ELECTRICAL EXHIBIT SERVICES

Name of Exhibition or Show: 2016 Southeast Regional Sea Turtle Meeting		Date Needed:
Booth #: To be assigned by E/V Chair	Room: To be assigned.	Contact:
Exhibitor/Vendor :		Phone :
Address:	City:	State: Zip:
Signature:		

Rates quoted below cover only the bringing of services to the booth 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 to indicate voltage phase, current, etc..., are exhibitor's responsibility. The hotel is not responsible for power outages.  
**NO SIGNAGE TO BE HUNG ON DOORS OR WALLS.**

QUANTITY	ITEM	UNIT PRICE	# of Days	TOTAL
_____	110 V / 20 Amp	\$ 30.00	one time N/A	\$ _____
_____	110 V / 30 Amp	\$ 40.00	one time N/A	\$ _____
_____	208 V / 50 Amp	\$ 165.00	one time N/A	\$ _____
_____	208 V / 30 Amp (3 phase)	\$ 140.95	one time N/A	\$ _____
_____	208 V / 50 Amp (3 phase)	\$ 200.00	one time N/A	\$ _____
_____	Extension Cord	\$ 10.00	one time N/A	\$ _____
_____	Power Strip	\$ 15.00	one time N/A	\$ _____
_____	Analog Phone Line - Fax & CC	\$ 75.00	per day	\$ _____
_____	Direct Inward Dial Line	\$ 100.00	per day	\$ _____
_____	Banner (P&D used)	\$ 75.00		\$ _____
_____	HSIA Wireless	\$ 50.00	connection - ONE TIME N/A	\$ _____
_____	42" LCD Monitor	\$ 225.00	per day	\$ _____
_____	50" Plasma Monitor	\$ 300.00	per day	\$ _____

**THE ITEMS ABOVE INCUR A 23% SERVICE CHARGE & 10% TAX**

Please inquire for other services

SUBTOTAL	\$ _____
SERVICE CHARGE - 23%	\$ _____
SUBTOTAL	\$ _____
TAX - 10%	\$ _____
<b>GRAND TOTAL</b>	<b>\$ _____</b>

**PAYMENT METHOD - check one**

Check - please enclose \_\_\_\_\_

Charge to Riverview Plaza sleeping room - \_\_\_\_\_ Confirmation Number Required \_\_\_\_\_

Credit Card - please fill out form below \_\_\_\_\_

Individual Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Approximate Amount \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax No. \_\_\_\_\_

**I certify that all information is complete and accurate. I hereby authorize Renaissance Riverview Plaza to collect payment for all chares indicated above by processing a charge to the credit/debit card listed. I certify that I am the authorized signer of the credit/debit card listed above.**

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Services Form is responsibility of the Exhibitor/Vendor and should be sent directly to Cindy Carroll via email at [Cindy.Carroll@renaissancemobile.com](mailto:Cindy.Carroll@renaissancemobile.com) . If you need to FAX form, do so to Cindy Carroll's attention at 251-415-0123. If you need to mail the form, send to Renaissance Riverview Plaza Hotel, 64 S. Water Street, Mobile, Alabama 36602