



Return Form to:
 Andrew Wolford
 Event Technology Sales Manager
 Encore
 andrew.wolford@encoreglobal.com
 O +1-251-338-5449 | M +1-251-304-9902

ELECTRICAL EXHIBIT SERVICES

Name of Exhibition or Show:		Date Needed:		
Booth #:	Room:	Contact:		
Firm Name :		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	_____	_____
_____	110 V / 30 Amp	\$40.00	_____	_____
_____	208 V / 50 Amp	\$165.00	_____	_____
_____	208 V / 30 Amp (3 phase)	\$140.00	_____	_____
_____	208 V / 50 Amp (3 phase)	\$200.00	_____	_____
_____	Extension Cord	\$15.00	_____	_____
_____	Power Strip	\$15.00	_____	_____
_____	Analog Phone Line - Fax & CC	\$75.00 per day	_____	_____
_____	Direct Inward Dial Line	\$100.00 per day	_____	_____

THE ITEMS ABOVE INCUR A 10% TAX ONLY

	ITEM	UNIT PRICE	# of Days	TOTAL
_____	Banner (P&D used)	\$75.00	_____	_____
_____	HSIA Wireless	\$50.00 connection/per day	_____	_____
_____	42" LCD Monitor	\$225.00 per day	_____	_____
_____	70" LCD Monitor	\$325.00 per day	_____	_____
_____	Wifi Connection	\$18.00 per day	_____	_____

THE ITEMS ABOVE INCUR A 24% SERVICE CHARGE & 10% TAX

Please inquire for other services

SUBTOTAL	_____
SERVICE CHARGE - 24%	_____
SUBTOTAL	_____
SERVICE CHARGE TAX - 10%	_____
A/V TAX - 10%	_____
GRAND TOTAL	_____

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 No. _____ Exp Date _____

Approximate Amount _____

Mailing Address _____

Phone Number _____ Fax No. _____

I certify that all information is complete and accurate. I hereby authorize Riverview/Battle House to collect payment for all charges 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 _____