CORPORATE OFFICE
PO Box 2969
Zanesville, OH 43702
Phone/ Fax: 740-454-1201
Email: exposervicesoec@gmail.com

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

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.

SPECIAL WIRING

Electrical labor rate is $60.00/hr between 8AM and 5PM. Double time rate applies after 5:30PM on weekdays, all day Saturday and 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 pillar behind booth if not on booth.** For quote, call 740-454-1201.

ELECTRICITY AND ACCESSORIES

QTY	SINGLE PHASE	ADVANCED RATES	FLOOR RATES	TOTAL
_____	120 Volt 0-1000W	$60/outlet	$85/outlet	_____
_____	120 Volt 1000-2000W	$70/outlet	$105/outlet	_____
_____	208 Volt 20 Amp	$85/outlet	$120/outlet	_____
_____	208 Volt 30 Amp	$105/outlet	$145/outlet	_____
_____	208 Volt 50 Amp	$140/outlet	$190/outlet	_____
	THREE PHASE			
_____	208 Volt 20 Amp	$125/outlet	$185/outlet	_____
_____	208 Volt 30 Amp	$140/outlet	$200/outlet	_____
_____	208 Volt 50 Amp	$165/outlet	$235/outlet	_____
	EQUIPMENT			
_____	Extension Cord (one receptacle)	$20 each	$30 each	_____
_____	3-Way Cube Tap (three receptacle)	$20 each	$30 each	_____
_____	4-Way Quad Box	$25 each	$35 each	_____
	LABOR			
_____	LABOR IN Straight time	----------	$60/ hr	_____
_____	LABOR IN Over time	----------	$110/ hr	_____
_____	LABOR OUT Straight time	----------	$60/ hr	_____
_____	LABOR OUT Over time	----------	$110/ hr	_____

PAYMENT

Total: _____

CHECKS - Complete the following:

Please make checks payable to: Expo Services

Check #_____ Dated _____

Amount $ _____

All checks are deposited upon receipt. Do not postdate.

There is a $25 charge for all checks returned by the bank.

CREDIT CARD - Complete the following: VISA M/C AMEX DIS

3% PROCESSING FEE. (CIRCLE ONE)

Acct # _____

Exp. Date _____ CVV_____ (3 or 4 digit code)

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. _____

Adress _____ City _____ State _____ Zip _____

Print Your Name_____ Signature _____

Credit Cards unprocessed due to insufficent funds may not be eligible for Advance Rates.

50% Cancellation Fee for ALL orders cancelled or charged at show site. Payment must be received **BEFORE** service is provided.

THIS FORM MUST BE COMPLETED AND RETURNED FOR YOUR ORDER TO BE PROCESSED. **KEEP A COPY FOR YOUR RECORDS.**