

Roberts Convention Centre ~ 2022
ELECTRIC SERVICES EXHIBITOR ORDER FORM

123 Gano Road~ Wilmington, Ohio 45177
 Phone: 937 283-3277 Fax: 937 655-8746

**Deadline for return of form: One week
 notice required for advance rate**

RATES
 Rates quoted below cover only the bringing of service to the booth and DO NOT include connecting equipment or special wiring. All wiring and electrical work on exhibitors display will be charged on a time and material basis. Proper tagging of equipment to indicate voltage, phases, current, etc. is the responsibility of the exhibitor

SPECIAL WIRING
 All clean line requests will e done by quotation only.
 For quote please call 937-283-3277
All Electric Pricing and Equipment rental prices below are subject to 22% Service charge and 7.25% state tax

ELECTRICITY AND ACCESSORIES

QUANTITY	SINGLE PHASE	DISCOUNT ADVANCE RATE	STANDARD FLOOR ORDER RATE	TOTAL
	120v 0-500W	40.00 per outlet	60.00 per outlet	
	120V 500-1000W	50.00 per outlet	75.00 per outlet	
	120V 1000-2000W	55.00 per outlet	80.00 per outlet	
	208V 20 Amps	75.00 per outlet	110.00 per outlet	
	208V 30 Amps	95.00 per outlet	135.00 per outlet	
	208V 50 Amps	125.00 per outlet	175.00 per outlet	
	THREE PHASE			
	208V 20 Amps	125.00 per outlet	185.00 per outlet	
	208V 30 Amps	140.00 per outlet	200.00 per outlet	
	208V 50 Amps	165.00 per outlet	235.00 per outlet	
	EQUIPMENT			
	Extension Cord (Single Receptacle)	20.00 each	30.00 each	
	Power Strip (Triple Receptacle)	20.00 each	30.00 each	
	Electric Drop Box (40 standard outlets)	450.00 each	550.00 each	
	Hard Wired Internet or phone line	100.00 each	150.00 each	
	Labor in Straight time		50.00 each hour	
	Labor in overtime		100.00 per hour	
	Labor out straight time		50.00 per hour	
	*Labor out overtime		100.00 per hour	

PAYMENT TYPE	* Straight time Hours: 8:00 to 5:00 p.m. Mon-Fri	* Overtime Hours: Before 8:00 am & after 5:00 p.m. Mon-Fri. All hours Sat, Sun & Holidays	TOTAL\$
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Name of Event: _____ Booth #: _____
 Firm Name: _____ Phone: _____
 Address: _____
 Print Name: _____ Date: _____
 Signature: _____

CREDIT CARD:
 Cardmember Name: _____
 Credit Card Type: ___ Visa ___ Mastercard ___ Amer. Express ___ Other
 Acct #: _____ Exp. Date _____
 Signature: _____

CHECK:
 Check Number: _____
 Amount: _____
 Note: All checks are deposited upon receipt. Do not postdate. There as a \$25.00 charge for all returned checks.