



EXHIBITOR POWER UTILITY SERVICES

| | |
|---------------------------|-----------------|
| COMPANY NAME: | PHONE NUMBER: |
| STREET ADDRESS: | FAX NUMBER: |
| CITY, STATE, ZIP: | E-MAIL ADDRESS: |
| CONTACT PRIOR TO ARRIVAL: | MOVE-IN DATE: |
| ON SITE CONTACT: | MOVE-OUT DATE: |

ADVANCE ORDERS MUST BE RECEIVED 14 DAYS PRIOR TO EVENT DATE

REGULATIONS: You are responsible for furnishing a standard 20 Amp/120V for your equipment hook-up. For safety reasons, no multiple hook-ups are allowed. With your 20 Amp/120V service. We reserve the right to refuse to hook-up equipment which is in need of repair, or is determined to be unsafe. All equipment and cords must be listed and labeled by a nationally recognized standard testing laboratory (ie. U.L. approved) or have prior approval. We assume no liability for any damage to equipment. Any missing equipment will be charged to you at replacement cost. Wall and post outlets are NOT to be used by the exhibitor. Exhibitors found using power where no outlets have been ordered prior to the show are subject to one and one-half times the standard rate for outlets used.

| Electrical and Service Set-up Charges (All Services Subject to One-time set-up fee) (Amperage Fee required for Transformer only) | Advance Rate | On-Site Rate | Quantity | Number of Days | Total Charges |
|---|--------------|--------------|----------|----------------|---------------|
| 20 Amp. 1 Phase-Single Outlet Extension Cord | \$50/Day | \$75/Day | | | |
| Spider Box Distribution Panel (3 plugs 60 amps) Electrician Needed | \$100/Day | \$125/Day | | | |
| 100 Amp. 3 Phase Transformer Electrician Needed | \$150/Day | \$175/Day | | | |
| Banner Hanging | \$50.00 | \$100.00 | | | |
| 30 Amps / 40 Amps / Over 40 Amps – **Call for Quote** | ** | ** | | | |
| Outside Phone Line (One time charge only) Plus Calls | \$50/Line | \$75/Line | | | |
| High Speed Internet Access Line (Per day charge) Wired Only | \$150/Day | \$160/Day | | | |
| 40 inch LCD display panels | \$250/Day | \$250/Day | | | |
| **Please call for additional needs outside the scope of this order form.** | | | | | |
| SUBTOTAL | | | | | |
| 22% TAXABLE SERVICE CHARGE | | | | | |
| 6% IOWA STATE SALES TAX | | | | | |
| TOTAL CHARGES | | | | | |

PLEASE NOTE SPECIAL NEEDS REQUIRED FOR THE EXHIBIT

Note: Marriott Corporation assumes no liability for any failure of electrical current, supply or output and makes no warranties that the electrical sources located at the Hotel are suitable for any particular purpose. It is the responsibility of the exhibitor to test for correct voltage before connecting equipment.

METHOD OF PAYMENT: Circle One: CREDIT CARD CHECK

NAME ON CREDIT CARD _____ EXP DATE: _____

CREDIT CARD NUMBER _____

SIGNATURE: _____ DATE _____

**PLEASE CHECK
HERE _____ IF
BOOTH DOES NOT
REQUIRE SERVICE**

PLEASE MAIL CHECK 14 DAYS PRIOR TO ADDRESS AS LISTED.

Please make checks payable to: Coralville Marriott Hotel & Conference Center

PLEASE FAX THIS FORM TO: [319-887-5120](tel:3198875120)

FAX OR MAIL THIS FORM TO: **MVP EVENT TECHNOLOGY**
Coralville Marriott Hotel & Conference Center
300 East 9th Street, Coralville, IA 52241
Phone: (319) 887-5172 Fax: (319) 887-5120