



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 SPECIAL WIRING

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.

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. _____

Address _____ City _____ State _____ Zip _____

Print Your Name _____ Signature _____

Credit Cards unprocessed due to insufficient 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.**