

**Exhibitions Electrical Co., Inc.**

200 Seaport Boulevard, Suite 602

Boston, MA 02210

phone (617) 439-5425

fax (617) 439-5433



**ORDER FORM**

Show Name Boston Home Show Show Dates January 27-29, 2012 Booth # \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone# \_\_\_\_\_  
*please print*

# A 15214 Fax # \_\_\_\_\_

QTY.	120 VOLT SERVICE	Discount RATE	Floor RATE	COST
_____	Outlet to 500 watts .....	\$105	\$130	\$ _____
_____	Outlet to 1000 watts .....	\$125	\$160	\$ _____
_____	Outlet to 2000 watts .....	\$150	\$185	\$ _____
	<b>All outlets are installed on the floor at rear of in-line and peninsula booths.</b>			
	<b>208 VOLT SERVICE</b>			
_____	20 amps single phase 208 volt.....	\$348	\$417	\$ _____
_____	30 amps single phase 208 volt .....	\$448	\$548	\$ _____
_____	50 amps single phase 208 volt .....	\$754	\$949	\$ _____
_____	20 amps 3 phase 208 volt .....	\$403	\$487	\$ _____
_____	30 amps 3 phase 208 volt .....	\$525	\$640	\$ _____
_____	50 amps 3 phase 208 volt .....	\$901	\$1123	\$ _____
			<b>Total</b>	\$ _____

- 1.) Electrical power for all booths will be turned on 1/2 hour before show opening and turned off at the close of the show.
- 2.) Orders for 24-hour service add 100%. Please mark payment as 24 hr power.
- 3.) Please enclose sketch or NEMA number of 208 volt power outlets. Equipment without cord caps require a one hour labor charge.  
*Call customer service for labor quote.*
- 4.) All orders not received 14 days before show opening will be considered floor rate.**
- 5.) Refunds will not be given for electrical services after the start of the show. All exhibitors are responsible for making sure they have power before the start of the show.
- 6.) Building utility outlets are not a part of booth space and are not to be used by exhibitors unless specified otherwise.
- 7.) **Please make checks payable to Exhibitions Electrical Co., Inc. and mail to the address above or fax order with credit card payment to (617) 439-5433. Full payment must accompany all orders.**

American Express       MasterCard       VISA

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_  
*(please print legibly)*

Card Holder's Name \_\_\_\_\_

Card Holder's Billing Address \_\_\_\_\_  
*(if different from above)*

Signature \_\_\_\_\_  
*(please sign order to authorize charge to credit card provided)*

