

Exhibitions Electrical Co., Inc.

200 Seaport Boulevard, Suite 301
 Boston, MA 02210
 phone (617) 439-5425
 fax (617) 439-5433

EXLECTRIC
 ORDER FORM

Name of Show _____ Show Dates _____ Booth # _____

Company Name _____

Company Address _____
Street City State Zip

Contact Person _____ Telephone # _____
Please Print

Fax # _____

QTY.	120 VOLT SERVICE	DISCOUNT RATE	FLOOR ORDERS	COST
_____	Outlet to 500 watts	\$ 100	\$ 125	\$ _____
_____	Outlet to 1000 watts	\$ 120	\$ 150	\$ _____
_____	Outlet to 2000 watts	\$ 140	\$ 175	\$ _____
208 VOLT SERVICE				
_____	Single Phase \$10.00 per amp x _____ amp = (20 amp minimum each)		+25%	\$ _____
_____	Three Phase \$12.00 per amp x _____ amp =			\$ _____
480 VOLT SERVICE				
_____	(20 amp minimum each) \$20.00 per amp x _____ amp =		+25%	\$ _____
LIGHTING SERVICE				
Prices below include 120 volt power for our lighting services only.				
_____	1000 watt flood light	\$ 200	\$ 250	\$ _____
_____	One - 300 watt flood light (with 8' ceiling support pole).....	\$ 150	\$ 188	\$ _____
_____	Two - 300 watt flood lights (with 8' ceiling support pole).....	\$ 190	\$ 237	\$ _____
_____	Three - 300 watt flood lights (with 8' ceiling support pole).....	\$ 230	\$ 288	\$ _____
Flood lights are secured to 8' poles extending floods down from ceiling.				
				\$ _____

- 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 Hi-Lite and mark payment as 24 hour 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 rate.
- 4.) All orders not received 14 days before show opening will be considered a floor order.

5.) Please make checks payable to Exhibitions Electrical Co., Inc. and mail to the address above.

<input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Card Number _____ EXP Date _____
Card Holder's Name _____
Card Holder's Billing Address _____
Signature _____

6. Please mail form with credit card information to the address above.