



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.**