



ELECTRICAL ORDER FORM

PHONE: 312-836-6135 FAX: 312-245-6907

ELECTRICITY				
<u>Qty</u>	<u>Requirements</u>	<u>Advance</u> <u>Fee</u>	<u>Late On Site</u> <u>Fee</u>	<u>Total</u>
___	5 Amp Quad Box	\$ 75.00	\$ 85.00	_____
___	10 Amp Quad Box	\$ 80.00	\$ 90.00	_____
___	15 Amp Quad Box	\$ 95.00	\$ 105.00	_____
___	20 Amp Quad Box	\$110.00	\$ 120.00	_____
___	Additional Quad Boxes	\$ 65.00	\$ 75.00	_____
208 VOLT SINGLE PHASE				
___	15Amp Feed	\$120.00	\$150.00	_____
___	20 Amp Feed	\$160.00	\$190.00	_____
___	30 Amp Feed	\$200.00	\$250.00	_____
___	40 Amp Feed	\$300.00	\$375.00	_____
___	60 Amp Feed	\$350.00	\$450.00	_____
___	100 Amp Feed	\$500.00	\$625.00	_____
208 VOLT THREE PHASE				
___	15 Amp Feed	\$200.00	\$250.00	_____
___	20 Amp Feed	\$250.00	\$300.00	_____
___	30 Amp Feed	\$350.00	\$400.00	_____
___	40 Amp Feed	\$600.00	\$675.00	_____
___	80 Amp Feed	\$750.00	\$850.00	_____
___	100 Amp Feed	\$1,000.00	\$1,150.00	_____
ADDITIONAL FEES				
	Electrical Permit Fee	\$65.00	No change	_____
	<i>A permit is required for Single or Three Phase power requirements.</i>			
	High Lift Rental with Driver	\$172.00 / hr.	\$198.00	_____
	High Lift Per Day	\$750.00	\$ 863.00	_____
	Banners To Be Hung	\$ 65.00 /Hr./Man	\$75.00 /Hr/Man	_____
	Labor to setup/strike 50+ Exhibit Booths	\$ 65.00/Hr/Man	\$75.00/Hr/Man	_____
TOTAL ELECTRIC				\$ _____

ELECTRICAL STIPULATIONS

- Requirements must comply with all City of Chicago codes.
- Rates are subject to change.
- Two-Wire systems & clamp- on lights are not permitted
- Wall outlets *are not* part of the rental space.
- Electricity is charged a "one-time" fee.
- Rates are subject to change without prior notice.

BILLING INFORMATION

SHOW NAME AGO 2006 National Convention

EXHIBITOR NAME _____

GRAND BALLROOM EXHIBIT BOOTH NUMBER _____

6th FLOOR DEMONSTRATION ROOM _____

“SETUP” DATE & TIME _____ “STRIKE” DATE & TIME _____

BILLING ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ FAX _____

ON-SITE CONTACT NAME _____

CREDIT CARD TYPE _____ NUMBER/ EXP DATE _____

COMPANY CHECK NUMBER _____ HOTEL GUEST ROOM NUMBER _____

MASTER ACCOUNT NUMBER (PMS) _____

AUTHORIZED SIGNATURE _____

DATE _____

Mail this completed form to:

Event Technology Sales Manager
CHICAGO MARRIOTT DOWNTOWN
540 N. Michigan Ave.
Chicago, Illinois 60611