

RATES

DO NOT include connecting equipment or special wiring.

Rates quoted below cover resonable access to electrical circuit and

CORPORATE OFFICE:

P O Box 2969

SPECIAL WIRING

Electrical labor rate is \$50.00 per hour between 8:00AM and 5:00PM Double time rate applies after 5:30PM and on Saturday Sunday, and

Zanesville, OH 43702 Phone: 740-454-1201

Fax: 740-454-4809

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

All wiring and electrical work on exhibitor's display will be charged on Holidays. Labor billed at 1 hour minimum. a time and material basis. Two weeks advance notice on all labor orders is required. All clean Proper tagging of equipment indicating voltage, phase, current, etc. is line requests will be done by quotation only. Additional charges may apply for outdoor exhibitor spaces. the responsibility of the exhibitor! ELECTRICAL OUTLET MAY BE ON PILLER BEHIND BOOTH IF NOT IN BOOTH. FOR QUOTE CALL 740-454-1201 **ELECTRICITY AND ACCESSORIES** ADVANCE RATES **FLOOR RATES TOTAL QUANTITY SINGLE PHASE** 120 Volt 0-1000W \$ 50.00 per outlet \$ 75.00 per outlet 120 Volt 1000- 2000W \$ 55.00 per outlet \$ 80.00 per outlet \$ 110.00 per outlet 208 Volt 20 Amp \$ 75.00 per outlet 208 Volt 30 Amp \$ 95.00 per outlet \$ 135.00 per outlet \$ 125.00 per outlet \$ 175.00 per outlet 208 Volt 50 Amp THREE PHASE \$ 125.00 per outlet \$ 185.00 per outlet 208 Volt 20 Amp 208 Volt 30 Amp \$ 140.00 per outlet \$ 200.00 per outlet \$ 165.00 per outlet \$ 235.00 per outlet 208 Volt 50 Amp **EQUIPMENT** Extension Cord (one receptacle) \$ 20.00 each \$ 30.00 each 3-Way Cube Tap (three receptacle) \$ 30.00 each \$ 20.00 each \$ 25.00 each 4-Way Quad Box \$ 35.00 each **LABOR** ******* \$ 50.00 per hour LABOR IN Straight time ******* \$ 100.00 per hour LABOR IN Over time ******** LABOR OUT Straight time \$ 50.00 per hour \$ 100.00 per hour LABOR OUT Over time PAYMENT PLEASE MAKE CHECKS PAYABLE TO: EXPO SERVICES TOTAL CREDIT CARD - Please complete the following: VISA M/C AM EX DIS CHECKS - Please complete the following: Check Number: ___ Exp. Date ______ 3 or 4 digit no. on back of card NOTE: All Checks are deposited upon receipt. Do not postdate! There is a \$25.00 charge for all checks returned by the bank. Card Holder ____ Signature PLEASE COMPLETE THIS PORTION - (For CREDIT CARD PAYMENTS - Provide C.C. billing address) 50% CANCELLATION FEE FOR 50% CANCELLATION FEE FOR ALL ORDERS CANCELLED OR Name of Event _ CHANGED AT SHOW SITE. __Tel. No. _____ Firm Name ____ _____ State ____ Zip ____ PAYMENT MUST BE RECEIVED _____City ____ BEFORE SERVICE IS Address ___ Signature