

SHOW:	BOOTH#	
COMPANY:	BOOTH SIZE:	

Deadline for advance rate is 15 days prior to show opening.

QTY NON-24 HR	DESCRIPTION	ADVANCE RATE	REGULAR RATE	TOTAL				
120V LIGHTING & UTILITY OUTLETS								
	Up to 1000 watts	\$124.00	\$185.00					
	Up to 2000 watts	\$154.00	\$229.00					
208V 1ø MOTOR /	AND EQUIPMEN	IT OUTLETS						
	20 Amp	\$320.00	\$480.00					
	30 Amp	\$390.00	\$585.00					
	60 Amp	\$680.00	\$1020.00					
	100 Amp	\$845.00	\$1270.00					
	200 Amp	\$1320.00	\$1990.00					
208V 3ø MOTOR /	AND EQUIPMEN	IT OUTLETS						
	20 Amp	\$395.00	\$590.00					
	30 Amp	\$465.00	\$690.00					
	60 Amp	\$745.00	\$1100.00					
	100 Amp	\$895.00	\$1300.00					
	200 Amp	\$1550.00	\$1950.00					
LIGHTS								
	Stem Lights	\$100.00	\$130.00					
	Single 120 W Flood	\$105.00	\$150.00					
	Double 120 W Flood	\$135.00	\$205.00					
	Overhead Quartz	\$355.00	\$540.00					
Specialty Lighting	Available.		1. SUB TOTAL	\$				
Call for details.	-		2. SALES TAX 6.875%	\$				
			3. TOTAL	\$				

Atlantic City Convention Center

1 Convention Boulevard Atlantic City, NJ 08401 Phone: 609-449-2291 Fax: 609-449-2464

120 V CONNECTIONS

- Two outlets per connection.
- If you require 24 hour power please note with an (*). Please add 50% to the total.

208 V CONNECTIONS

- Requires labor. Please submit a floor plan indicating location in booth.
- Maximum of one connection per outlet.
- Please call for 480 V connections.

LIGHTS

- Price includes outlet and labor.
- Placement of floodlights is at the front corner(s) of your in-line booth.
- Any other location(s) or installation time may require an additional labor charge.

BY RETURNING THIS FORM CUSTOMER AGREES TO ALL TERMS AND CONDITIONS. (See terms and conditions.)

		3. TOTAL	3			
ONE TIME	VICE ORDER FORM Vacuum carpet before initial oper _ft. (x)	ing of event ing of event and daily ther	Advance	Rate 30¢/sq. ft. Rate 25¢/sq. ft.	Regular	Rate 42¢/sq. ft. Rate 37¢/sq. ft.
PORTER SERVICE						
Empty wastebasket, tid	y and spot clean exhibit space at	two hour intervals during s	how hours.	Advance Rate	\$99.00 Regular	Rate \$140.00
	ee: ONE TIME Date:		· Service:	_days (x) amount pe	er day \$	= TOTAL \$
Company Name				Pho	ne Number	
Credit Card #			E	xp.Date		Sec. Code
				city	State	Zip
Card Holders Name			Ca	ard Holders Signa	ture	
Contact Name		Ema	ail			