



ELECTRICAL SERVICE ORDER FORM

(Please print or type)

One North Second Street, Harrisburg, PA 17101
Phone (717) 233-6000, Fax (717) 233-6830

Name of Convention _____ Convention Dates _____
Company _____ Booth # _____
Address _____
City _____ State _____ Zip _____
Order Authorized By _____ Phone No. (_____) _____
Bill to Credit Card # _____ Expiration Date _____
Cardholder Name _____

(credit card information must be provided to guarantee your order)

EXHIBITORS' INFORMATION

IMPORTANT

Please read the information below before completing this form.

- A. **ALL ELECTRICAL CHARGES EXCEPT SPECIAL REQUIREMENTS MUST BE PRE-PAID.** There will be a minimum fee + 6% PA sales tax. Please make checks payable to THE HILTON HARRISBURG.
- B. Wall outlets are not part of booth space. If electric outlet is required, it must be ordered.
- C. This order must be received by the Harrisburg Hilton no later than 15 days before date of set-up. Orders received after this date will be subject to a 10% Late Charge.
- D. Orders received at time of set-up will be charged a minimum of \$40.00 and installed when all early orders have been completed.
- E. All computer, direct lines or data line phones must be ordered through the Convention Coordinator at (717) 233-6000. **A 21 day advance notice is required.**

LIST REQUIREMENTS BELOW

- STANDARD ELECTRIC SERVICE -** (includes up to 10 amps 110 volts) \$25.00 + tax MINIMUM ELECTRIC CHARGE.
- SPECIAL REQUIREMENT SERVICE** (contractor installed) MINIMUM 2 HOUR LABOR, for installation and removal, PLUS:
 - \$1.00 per amp for 110 volt (if over 10 amps)
 - \$2.00 per amp for 208 volt, single phase
 - \$3.00 per amp for 208 volt, three phase
 - PLUS additional installation charges as required. Electricians are available at \$30.00 per hour. All work done after 8:00 PM, before 8:00 AM and on Holidays is at Time and a half rate.
- Under national OSH Act we reserve the right to refuse connections of hazardous wiring and or equipment.
- ALL PRICES SUBJECT TO 6% SALES TAX**

NO. AMOUNT

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

SERVICES REQUIRED

(List each item using electric and specify voltage, phase, amps, or wattage.)

Sub Total \$ _____

6% Tax \$ _____

TOTAL \$ _____

Client Signature _____

Amount Enclosed _____ Date _____