



ELECTRICAL ORDER FORM

(SEE REVERSE SIDE FOR TERMS AND CONDITIONS)

MAIL TO
MOBILE CIVIC CENTER
P.O. Box 369
Mobile, AL 36601
Attn: Accounting Dept.
Tel: (334) 208-7788
Fax: (334) 208-7551

ELECTRICAL OUTLETS Approximately 120V A. C. 60 Cycle

	QUANTITY	PRICE	COST
120 VOLTS			
0-500 WATTS (5 AMPS)	_____	\$45.00	_____
500-1000 WATTS (10 AMPS)	_____	\$50.00	_____
1001-1500 (15 AMPS)	_____	\$55.00	_____
1501-2000 (20 AMPS)	_____	\$60.00	_____

ELECTRICAL SERVICE CONNECTIONS Approximately 208V A. C. 60 Cycle

208 VOLTS SINGLE PHASE

5 AMPS	_____	\$70.00	_____
10 APMS	_____	\$75.00	_____
15 AMPS	_____	\$80.00	_____
20 AMPS	_____	\$85.00	_____
30 AMPS	_____	\$90.00	_____
40 AMPS	_____	\$120.00	_____
50 AMPS	_____	\$140.00	_____
60 AMPS	_____	\$165.00	_____

208 VOLTS THREE PHASE

5 AMPS	_____	\$90.00	_____
10 APMS	_____	\$110.00	_____
15 AMPS	_____	\$120.00	_____
20 AMPS	_____	\$130.00	_____
30 AMPS	_____	\$140.00	_____
40 AMPS	_____	\$180.00	_____
50 AMPS	_____	\$220.00	_____
60 AMPS	_____	\$260.00	_____

LIGHTING EQUIPMENT (including Current Consumed)

150 WATT FLOOD	_____	\$40.00	_____
300 WATT FLOOD	_____	\$50.00	_____

EXTENSION CORDS (Electricity Not Included)

3 WIRE GROUND SINGLE OUTLET	_____	\$10.00	_____
3 WIRE GROUND QUAD OUTLET	_____	\$15.00	_____

SPECIAL REQUIREMENTS

Dedicated Circuit or
24 Hour Service Required?
_____ yes _____ no
If yes, double electrical outlet or
electrical service connection charge.

RATES FOR HIGHER WATTAGES, VOLTAGE OR
SPECIAL LIGHTING ON REQUEST-
SPECIAL HANGING OR INSTALLATION DONE
ON TIME AND MATERIAL BASIS.

SPECIAL INSTRUCTIONS

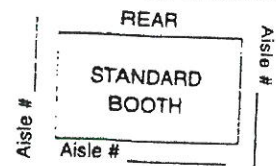
Aisle # _____

ISLAND BOOTHS

A scaled floor plan must accompany orders
showing locations of electrical outlets,
connections and lighting equipment.

Aisle # _____

SHOW GENERAL LOCATIONS OF LIGHTS IN BOOTH



FOR DISCOUNT PRICE
TO APPLY,
PAYMENT MUST ACCOMPANY
ALL ORDERS
PRIOR TO SHOW MOVE IN.

TOTAL DUE \$	
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ALL ORDERS MUST BE PAID IN ADVANCE ON U.S. BANK	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> AMX <input type="checkbox"/> Check Credit Card# _____ EXP DATE _____ Cardholders Name (Print) _____ Authorized Signature _____
SHOW NAME:	
FIRM NAME	SHOW DATES _____ BOOTH# _____
ADDRESS	TELEPHONE# _____
CITY, STATE, ZIP	FAX# _____
SIGNATURE	CONTACT NAME _____