

**The Florida Hotel & Conference Center
Exhibitor Services Order Form**

Show: _____ **Dates:** _____

**Please sign and return to the hotel with payment.
1500 Sand Lake Road Orlando, FL 32809 (407) 859-1500 Fax: (407) 855-9863**

Company Name: _____ **Contact Name:** _____
Address: _____ **City & State:** _____ **Zip:** _____
Set Up Day: _____ **Booth Number:** _____
Telephone: _____ **Email:** _____

Drayage Please inform us of any deliveries so we may be prepared to accept packages. ALL packages/boxes must include: Name of the Conference and name of the person that will be on site to receive the package/boxes.
 Delivery of Pallets and/or boxes to the hotel is subject to a receiving/handling fee. The charge for an individual box is \$5.00. An additional charge of \$5.00 per box will apply after the 5th day of storage. Pallets will be charge at \$200.00 each. The hotel reserves the right to refuse shipments that exceed our capacity to handle or store. Prices are subject to change.

Quantity _____
 Boxes _____ x \$5.00 Amount: _____
 Pallets _____ x \$200.00 Amount: _____
 Box Storage _____ x _____ days x \$5.00 per day Amount: _____
 Box Delivery Fee _____ x \$3.00 per box (deliver to guest rooms or function rooms) Amount: _____

Signage All signs and banners must be professionally lettered and may be placed only in the function areas with prior approval. Special banners may be placed by the Hotel at the appropriate charge. Signage is prohibited in the Main Lobby, Guest Room Floors and
 _____ Small Banner X \$50.00
 _____ Medium Banner X \$75.00
 _____ Large Banner X \$100.00 Amount: _____

Internet Connection for Exhibits
 _____ Wired High Speed Internet Connection @ \$300.00 for _____ Days
 _____ Wireless Internet Connection @ \$450.00 for _____ Days Subtotal _____
 22% Service Charge _____
 Amount: _____

Electrical Power Requirements (all power will be supplied in the back of the booth)
120 Volts **208 Volts**

1 PHASE				3 PHASE				
Quantity	Price Each	Total		Quantity	Price Each	Total		
20AMP	55.00/Day			20AMP	\$75.00/day		20AMP	\$100.00/day
				30AMP	\$100.00/day		30AMP	\$115.00/day
				40AMP	\$100.00/day		60AMP	\$125.00/day
				50AMP	\$115.00/day		100AMP	\$250.00/day
				60AMP	\$120.00/day		200AMP	\$425.00/day
				100AMP	\$250.00/day			

Dedicated Line available at \$100.00 additional per day _____ Amount: _____
 Please specify type of equipment or additional requirements: computes, lights, compressors, etc.
 Also, voltage, wattage, single phase or three phase _____
 Amount: _____

Labor

Charges for electrical and mechanical work on equipment including stand by, equipment hook up, repairs and tracing malfunctions:

Monday thru Friday, 8:00AM to 5:00PM _____ \$45.00 per hour Amount: _____
Evenings, Weekends and Holidays _____ \$65.00 per hour Amount: _____

Exhibitors are responsible for all specialty items, surge protectors, isolation transformers, converters, adapters, etc.

Due to circumstances beyond our control, The Florida Hotel & Conference Center cannot be hold responsible for power failures due to public service, black-outs, or power surges of electricity. It is the responsibility of the exhibitor to test for correct

**ALL UTILITY SERVICE ORDERS MUST BE RECEIVED TWO WEEKS BEFORE SET-UP DATE. ALL CHARGES ARE TO BE PREPAID.
THERE WILL BE A DOUBLE CHARGE FOR LATE ORDERS. WE ARE UNABLE TO GUARANTEE LAST MINUTE REQUESTS.**

Sub-Total: _____

Plus 6.5% Tax: _____

TOTAL AMOUNT DUE: _____

Payment and Refund Policy

NO electrical service will be installed until the Florida Hotel & Conference Center Building Services Department has received an approved work order. All work orders must be received at least 7 days in advance for planning purposes. IF RECEIVED LESS THAN 7 DAYS PRIOR, THE RATES ARE DOUBLED. All advance orders will be set up first. Pre-payment must accompany all orders.

Refunds will only be given if the client has given 48 hours advance written notice of cancellation.

Credit Card Authorization

I do hereby agree that any charges incurred for the event that I am holding at the Florida Hotel & Conference Center will be charged to my credit card as shown below.

TYPE: _____ NUMBER: _____ EXPIRES: _____

Signature: _____

Print Name: _____

Company Name: _____ Conference & Date: _____