

POWER/COMMUNICATION ORDER

2016 Women's Living Expo **ADVANCE ORDER DEADLINE DATE 9-6-2016** Questions? Call 719-884-4588

Event:	Move-In Date:				
Booth #	Exhibitor				
Contact Na	ontact Name Phone ()				
Fax ()	Email				
Address		City	State Zip		
POWER					
Quantity	Description	Advance Order	Floor Order	Total	
	120V - 20 AMP OUTLET	\$75.00 EACH	\$90.00 EACH	\$	
	208V 3 PHASE - 20 AMP	\$100.00 EACH	\$135.00 EACH	\$	
	50 AMP	\$130.00 EACH	\$195.00 EACH	\$	
Exhibitors a	re responsible for providing extension cor	ds and power strips.			
COMMUN	IICATION				
Quantity	Description	Advance Order	Floor Order	Total	
	WIFI	\$40.00 EACH	\$80.00 EACH	\$	
PLUMBIN	NG (WATER & DRAIN)				
Quantity	Description	Advance Order	Floor Order	Total	
	WATER FILL AND DRAIN (UP TO 2,000GALLONS)	\$ 100.00	\$ 180.00	\$	
	OVER 2,000 GALLONS TO 4000 GALLON ADD	\$ 150.00	\$ 255.00	\$	
TOTAL P	OWER, COMUNICATION & PLUM	IBING ORDER		\$	
	BOOTHS WILL BE INVENTORIED A		ES / ITEMS BEI	NG USED	

AND NOT ORDERED, WILL BE CHARGED AT THE (FLOOR ORDER RATE).

EXHIBITORS REQUIRING 24-HOUR SERVICE CLEAN OR DEDICATED LINES WILL BE CHARGED AT APPLICABLE RATES PLUS 20%. PLEASE NOTE ON THE ORDER FORM OR ADVISE THE FACILITY SERVICE DESK. PROPER TAGGING OF EQUIPMENT TO INDICATE VOLTAGE, PHASE, CURRENT, ETC. IS EXHIBITOR'S RESPONSIBILITY. ALL WIRING AND ELECTRICAL WORK ON EXHIBITOR'S DISPLAY WILL BE CHARGED ON A TIME & MATERIAL BASIS. LABOR RATES: \$43.00 PER HOUR, 8:00 AM - 4:00 PM, MONDAY THROUGH FRIDAY; ALL OTHER TIMES AND DAYS, \$115.00 PER HOUR. ONE-HOUR MINIMUM CHARGE. CSEC WILL NOT BE HELD LIABLE FOR ANY DAMAGE TO EXHIBITOR'S EQUIPMENT.

Payment Method:

- □ Check/Money Order payable to "CSEM, LLC"
- Credit Card (please complete the Credit Card Authorization form attached to this Order Form.

*PAYMENT BY CHECK MUST BE RECEIVED BEFORE ADVANCE ORDER DEADLINE

ALL PRICES/SERVICES ARE SUBJECT TO CHANGE WITHOUT NOTICE

Remit to: Colorado Springs Expo Management LLC

4585 Hilton pkwy Suite 100 - Colorado Springs, CO 80907

Fax: 719-260-8398



Credit Card Authorization Form

If you are paying by credit card, please complete the following information:

Show Name	Start Date	
Company Name		
Phone Number		
Address		
City/ST/ZIP		
Name		
Email		
Payment method	d:	
5 Visa ☐ MasterCard	☐ Discover ☐ American Express	
Amount to be charged \$		
Card Number		
Expiration Date	Security Code	
Signature of Credit Card		-
Today's Date		