

CORPORATE OFFICE
PO Box 2969
Zanesville, OH 43702
Phone/ Fax: 740-454-1201

Email: exposervicesoec@gmail.com

EXHIBITOR ORDER FORM: OHIO EXPO CENTER ELECTRICAL SERVICES

ADVANCE RATE: ORDER MUST BE RECEIVED 2 WEEKS PRIOR TO OPENING DAY OF SHOW.

ALL ORDERS RECEIVED AFTER DEADLINE WILL BE AT FLOOR RATE.

RATES

SPECIAL WIRING

Rates quoted below cover reasonable access to electrical circuit and **do not** include connecting equipment or special wiring. All wiring and electrical work on exhibitor's display will be charged on a time and material basis. Proper tagging of equipment indicating voltage, phase, current, etc. is the responsibility of the exhibitor.

Electrical labor rate is \$60.00/hr between 8AM and 5PM. Double time rate applies after 5:30PM on weekdays, all day Saturday and Sunday, and holidays. Labor billed at 1 hour minimum. Two weeks advance notice on all labor orders is required. All clean line requests will be done by quotation only. Additional charges may apply for outdoor exhibitor spaces. Electrical outlet may be on pillar behind booth if not on booth. For quote, call 740-454-1201.

			,			
		CITY AND AC		3		
QTY	SINGLE PHASE ADV.	ANCED RATES	FLOOR RATES		TOTAL	
120 Volt 0-	-1000W	\$60/outle	et \$85/	outlet outlet		
120 Volt 10	000-2000W	\$70/outle	et \$105	5/outlet	-	
208 Volt 20	O Amp	\$85/outle	et \$120)/outlet	-	
208 Volt 30	O Amp	\$105/out	tlet \$145	5/outlet	-	
208 Volt 50	O Amp	\$140/out	tlet \$190)/outlet	-	
	THREE PHASE					
208 Volt 20	O Amp	\$125/out	tlet \$185	5/outlet		
208 Volt 30	O Amp	\$140/out	tlet \$200)/outlet	-	
208 Volt 50	•	\$165/out	tlet \$235	5/outlet	-	
	EQUIPMENT					
Extension C	ord (one receptacle)	\$20 each	\$30	each	-	
3-Way Cube	e Tap (three receptacle)	\$20 each	\$30	each	-	
4-Way Quad		\$25 each	\$35	each	-	
	LABOR					
LABOR IN S	Straight time		\$60/	hr hr	-	
LABOR IN (Over time		\$110)/ hr	-	
LABOR OUT	Straight time		\$60/	hr hr	-	
LABOR OUT	Over time		\$110		-	
PAYMENT				Total:	-	
CHECKS - Complete th	ne following:	CREDIT	CARD - Comple	ete the following: VISA	M/C AMEX DIS	
Please make checks p	ayable to: Expo Services		3% PROCESSING	G FEE.	(CIRCLE ONE))
Check #	Dated	Acct	#			
Amount \$		Ехр.	Date	CVV	(3 or 4 digit co	ode)
All checks are deposite	ed upon receipt. Do not postdate.	Card	Holder			
There is a \$25 charge	for all checks returned by the bank.	Signa	ature			
PLEA	SE COMPLETE THIS PORTION. (Fo	or CREDIT CAR	D PAYMENTS	S - Provide C.C. billi	ng address)	
Name of Event			Boot	h Number(s)		
			Tel. No			
Adress			City	State	e Zip	
Print Your Name			_ Signature _			

Credit Cards unprocessed due to insufficent funds may not be eligible for Advance Rates.

50% Cancellation Fee for ALL orders cancelled or charged at show site. Payment must be received **BEFORE** service is provided. THIS FORM MUST BE COMPLETED AND RETURNED FOR YOUR ORDER TO BE PROCESSED. **KEEP A COPY FOR YOUR RECORDS.**



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OHIO EXPO CENTER

Exhibitor Services Sign & Banner Rigging Request

Name of Event		Location				
Firm Name		Tel. No				
Adress		City State	Zip			
		Date				
Print Your Name		Signature				
		ING INFORMATION				
		Take Down Date1				
Location of Hanging						
• •						
Special Instructions	BICCII	NC COST ESTIMATE				
		NG COST ESTIMATE G MATERIALS EXTRA)				
Sign & Banner Hanging:	(MOOM)	o marenaeo earna,				
Move-in:	Rate	# of Workers Hours/Worker	Tota			
Mon - Fri (1 hr minimum)						
8AM - 5PM	\$45/hr					
5PM - 12AM	\$50/hr					
12AM - 8AM	\$90/hr					
Sat - Sun (1 hr minimum)						
8AM - 5PM	\$55/hr					
5PM - 12AM	\$65/hr					
12AM - 8AM	\$120/hr					
Lifts						
Scissor Lift	\$30/hr					
Boom Lift	\$50/hr					
Add 30% to all orders not received at lea	ast two weeks	prior to show date.				
		Total:				
		RULES:				
1) No Exhibitors or Decorators are permitte	ed to hang any	material from OEC buildings.				
2) A drawing for placement of signs or ban	ners must be s	shipped with item for advanced rigging to EXPO SERV	ICES.			
		PAYMENT				
CHECKS - Complete the following:		CREDIT CARD - Complete the following: VISA M/C AME	X DIS			
Please make checks payable to: Expo Services	3	3% PROCESSING FEE. (CIRCLE ONE)			
Check # Dated	d	Acct #				
Amount \$		Exp. Date CVV (3 or	4 digit code)			
All checks are deposited upon receipt. Do not p	oostdate.	Card Holder				
There is a \$25 charge for all checks returned by	y the bank.	Signature				
		Billing address				