

## Electrical Services Order Form Advanced Rate Deadline: 2/12/2026

For us to properly service all exhibitors this order form must be filled out and submitted prior to the show. Indicate your power needs by filling out the table below along with the Payment Authorization Form.

## Note:

- Cost is reflective of the access to one outlet
  - o If you have multiple booths, ensure the Qty reflects the number of outlets needed
- Power strips in vendor booths are not permitted by the venue

Qty:	Description	Advanced Rate	Standard Rate	Same Day Install (+\$25)	Total:
	110-Volt Outlet	\$100	\$175		
	Amperage or Wattage of 110- Volt Equipment	\$250- advance	)- advanced order only		
	20-50 AMP 1 Phase	\$250- advanced order only			
	30 AMP 3 Phase	\$300- advance	ed order only		
	50 AMP 3 Phase	\$400- advance	ed order only		
	Above 50 AMPS 3 Phase	\$500- advance	ed order only		

## Terms and Conditions:

- 1. Orders not received prior to set up day are subject to a \$25 same day set up fee above and beyond the above communicated rates
- 2. Credit will not be given for electrical services or equipment installed and not used
- 3. Electrical power supplies to an exhibitor shall not be shared with any other exhibitor
- 4. Under no circumstance shall anyone other than authorized personnel make electrical connections
- 5. Wall, column and permanent building utility outlets are not a part of booth space and are not to be used by exhibitors



Completed Exhibitor Kits can be submitted via email to info@gbexposition.com

or sent by mail to the address shown in the header

Event Name: Fox Cities House & Outdoor Living Show

Event Date(s): March 13-15, 2026

## Payment Authorization Form (Advanced Rate Deadline: 2/12/2026)

\*Please fill out form in its entirety and ensure handwriting is legible to allow for proper data entry

City:			State:	State:			Zip:			
Phone #:				E-Mail:						
Ordered B	y (print):			Date:						
□ COMF	PANY CHECK e make check IT CARD	PT, YOU MUST I ( k payable to: M ICAN EXPRES:	idwest Event (	& Expo (use ma	ailing address i		ORDER.			
Card Number:			ard □ Comr	Exp. Da		Security Code:				
	□ Per	Sonat Orcuit Of		-						
Cardholde	er Name (prin		,	·						
Cardholde Signature:										
Signature:	er Name (prin									
Signature:	er Name (prin	nt):	t from above):	State:			Zip:			
Signature:	er Name (prin	nt):	t from above):		Electrical Services	Sub Total	Zip: 5.5 % Tax	Tot		

- (920)405-0100 to follow up
- Receipt of payment will be sent to the email you list above- emails will come from Good Shuffle