VALLEY FORGE CONVENTION COMPLEX

ELECTRIC ORDERING FORM

DISCOUNT DEADLINE 11-Oct-07

EVENT / GROUP: _____

COMPANY NAME: _____ BOOTH # : _____

ADDRESS: (STREET, CITY, STATE, ZIP) _____ TELEPHONE#: _____

EXHIBITOR REPRESENTATIVE:

VOLTS	AMPERAGE	QUANTITY	DISCOUNT	STANDARD	TOTAL	REMARK
120 VOLTS	15 AMPS		$ 120.00	$ 225.00		
	20 AMPS		$ 150.00	$ 275.00		
208 VOLTS SINGLE PHASE	20 AMPS		$ 225.00	$ 350.00		
	30 AMPS		$ 315.00	$ 415.00		
	40 AMPS		$ 340.00	$ 450.00		
	50 AMPS		$ 360.00	$ 470.00		
	60 AMPS		$ 280.00	$ 510.00		
	70 AMPS		$ 315.00	$ 540.00		
	80 AMPS		$ 340.00	$ 575.00		
	90 AMPS		$ 370.00	$ 630.00		
	100 AMPS		$ 400.00	$ 690.00		
208 VOLTS TRIPLE PHASE	20 AMPS		$ 330.00	$ 410.00		
	30 AMPS		$ 360.00	$ 455.00		
	40 AMPS		$ 380.00	$ 485.00		
	50 AMPS		$ 400.00	$ 530.00		
	60 AMPS		$ 440.00	$ 580.00		
	70 AMPS		$ 520.00	$ 795.00		
	80 AMPS		$ 560.00	$ 840.00		
	90 AMPS		$ 600.00	$ 890.00		
	100 AMPS		$ 680.00	$ 935.00		
HOOK UP FEE			**$ 50.00**	**$ 100.00**		
			SUB TOTAL:			
			TAX (6%) :			
			TOTAL:			

** All charge MUST be prepaid to the* VALLEY FORGE CONVENTION CENTER

** All fax orders MUST have credit card information enclosed*

** To receive the discounted rate, this order MUST be received at least two (2) weeks prior to show move-in*

** Orders received after the discount deadline will be subject to standard rate.*

** A 50% refund will given on cancellation up two (2) weeks prior to the first day of show move-in.*

** No refund will be given on cancellation less than two (2) weeks prior to the first day of show move-in.*

** All exhibitor's MUST return all equipment's or a $75.00 charge will be added.*

***All orders require hook up fee and 6% PA state sales tax.**

Please note that there is a Hook Up Fee for all Electricity.

***FAX IN THIS FORM TO ORDER - KEEP THIS FORM AS YOUR RECEIPT**

Please make checks payable To:

Valley Forge Convention Center
Att: Booth Services
1200 First Ave.
King of Prussia, Pa. 19406

Phone: 610-768-3252
Fax: 610/ 768-3290

CREDIT CARD PAYMENTS:

_____AMEX _____VISA
_____MASTERCARD _____DISCOVER

ACCOUNT NUMBER:_____

EXP:_____

_____
NAME ON ACCOUNT

_____
SIGNATURE

This charge will appear as "Radisson Lodging' on your Credit Card Statement

Please keep a copy of this form for your own records