



**13750 WEST COLONIAL DRIVE, SUITE 350-362
WINTER GARDEN FL, 34787
TEL: (407) 351-4158 FAX: (407) 704-2454
ORDERS@POWERSOURCESERVICES.COM**

Booth #:

SHOW NAME: E.C.C FALL HOME SHOW
LOCATION: OCEAN CENTER DAYTONA BEACH
DATE: SEPTEMBER 7-8TH 2024
ADVANCED DEADLINE: FRIDAY AUGUST 23RD

ELECTRICAL OUTLETS APPROXIMATELY 120V A.C. 60 CYCLE

120 VOLTS	QUANTITY	ADVANCED RATE	REGULAR RATE	COST
0-1000 WATTS (10 AMPS)		80.00	120.00	
1001-1500 WATTS (15 AMPS)		95.00	130.00	
1501-2000 WATTS (20 AMPS)		115.00	150.00	

EXTENSION CORDS (ELECTRICITY NOT INCLUDED)

SINGLE OUTLET		20.00	25.00	
POWER STRIP		20.00	25.00	

208 VOLT SERVICES SINGLE PHASE

20 AMP		190.00	285.00	
30 AMP		250.00	375.00	
60 AMP		325.00	425.00	

208 VOLT SERVICES THREE PHASE

20 AMPS		275.00	412.50	
30 AMPS		350.00	525.00	
60 AMPS		500.00	750.00	

LIGHTING EQUIPMENT (INCLUDING CURRENT CONSUMED)

LED LIGHT FOR ROLL UP DISPLAY		50.00	65.00	
LED LIGHT FOR LARGE DISPLAY		58.00	67.00	

FOR WATER OR COMPRESSED AIR SERVICES PLEASE CALL FOR QUOTE LABOR

ST MON.-FRI. 8:00am - 4:30pm (Except Holidays)		60.00		
OT MON.-FRI. 4:30pm - 8:00am (Sat/Sun/Holidays)		80.00		

FULL PAYMENT DUE PRIOR TO SHOW OPENING

SUBTOTAL:	\$	
6.5% SALES TAX	\$	
TOTAL DUE:	\$	

Payment Method: _____ Mastercard _____ Visa _____ AMX _____ Check

DEDICATED CIRCUIT OR 24 HOUR SERVICE REQUIRED? YES___ NO___
If YES, double the rate at left.

Any Other Locations Will Be Installed On A Time & Materials Basis. Please Provide A Floor Plan Indicating The Desired Location.

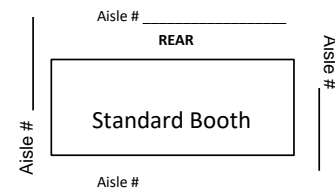
There Is A Minimum Of ONE Hour Labor For Island Booths & 208 Volt Services.

FOR WATER OR COMPRESSED AIR PLEASE CALL FOR QUOTE

REFUND MUST BE REQUESTED 7 DAYS PRIOR TO SHOW OPENING. PERMANENT WALL OUTLETS ARE NOT APART OF BOOTH SPACE. ADDITIONAL POWER REQUIRED

SPECIAL INSTRUCTIONS

Island Booth Floor Plans:
Please Show The Location Of Electrical Connections Outlets, and Lighting Equipment



CREDIT CARD #	EXP DATE:
CARDHOLDERS NAME: (PRINT)	SEC CODE:
AUTHORIZED SIGNATURE:	CARDHOLDERS ZIP:

FIRM NAME:	EMAIL:
ADDRESS:	TELEPHONE:
CITY/STATE/ZIP	FAX:
SIGNATURE:	PRINT NAME:

ANY E-MAIL ADDRESS LISTED ON ORDER FORM WILL BE RECEIVING THE RECEIPT FOR POWER SERVICES.