Service Order Form

Show Name:	Exhibitor Name / Phone:

Each booth for this show includes the following basic set up:_____

OUTLET ITEMS	NUMBER NEEDED	REGULAR PRICE	LATE ORDER	IMPORTANT
120 VOLTS - STANDARD 20 Amps		\$50	\$75	This order must be 15 days prior to you completion of all ea SPECIAL NOTICE! Kalahari Resort requ
125/250 VOLTS - SINGLE PH 20 Amps		\$200	\$250	
125/250 VOLTS - 3 PH 30 Amps		\$250	\$285	
208 VOLTS - SINGLE PH 30 Amps		\$225	\$285	apparatus can be co electrical code. All e splices must be insi emission of sparks.
ADDITIONS				IN ADDITION
Speed Broadband Line		\$100	\$125	Any additional mate
Flipchart w/markers		\$35	\$40	services can be mad
Easel		\$20	\$25	METHOD OF PAYMEN
Power Strips		\$5	\$10	Please check one
Extension cord		\$5	\$10	Check enclos
VGA/HDMI Cable		\$20	\$25	CREDIT CARD AUTHO
32" on Cart		\$100	\$125	I hereby authorize Ka use the credit card as
42" TV		\$145	\$170	Exact Name on Card:
55" TV		\$200	\$225	Credit Card Type:
Total Number of Items				Exp. Date: / _
		Taxes		Company Name:
		Total		Authorized Signature

Please contact our Meeting Concierge for additional items not listed on this order form at 419.433.7200 Ext. 34282 or email at OHMeetingConcierge@KalahariResorts.com.

RETURN TO: CONFERENCE SERVICES/ EXHIBIT SERVICES:

OHMeetingConcierge@KalahariResorts.com or Kalahari Resort & Convention, 7000 Kalahari Drive Sandusky, Ohio 44870 or Fax to: 419.433.7748.

A Kalahari representative will call you for payment information once the service order has been received.

Date of Show: ______ Booth Number (If Available): ______

our setup. Late orders will be serviced after arlv orders. quires that no electrical equipment or connected unless it conforms to our equipment must be UL listed. All stalled in a metal closure to prevent terial supplied by Kalahari Resort will be est. Special requests for additional electrical ade through our Engineering Department. TI/ osed _____ Credit Card information enclosed ORIZATION Calahari Waterpark Resort Convention Center to as indicated below. Last 4 Digits: Billing Zip/Postal Code: _____ re:_____ Print/Type Name:_____ Email: _____ Telephone # Fax #_____ **Billing Address on Credit Card Account:**

received by Kalahari Resort no later than

