

ELECTRICAL SERVICES

CLIENT INFORMATION

Event Name:	Event Dates:
Company Name:	Phone#:
Contact Person:	
Email:	
Exhibit Location:	Booth #:



120 VOLT		Qty	Advanced Payment	On-Site Payment	Total Price
5A	SHARED		\$ 95.00	\$ 109.00	
10A	SHARED		\$ 120.00	\$ 138.00	
20A	DEDICATED		\$ 145.00	\$ 166.00	

Subtotal: \$ _____

208 VOLT SINGLE PHASE		Qty	Advanced Payment	On-Site Payment	Total Price
20	AMP		\$ 395.00	\$ 454.00	
30	AMP		\$ 450.00	\$ 517.00	
60	AMP		\$ 550.00	\$ 632.00	
100	AMP		\$ 750.00	\$ 862.00	
200	AMP		\$ 1,250.00	\$ 1,437.00	
Each additional (5) amp			\$ 30.00	\$ 30.00	

Subtotal: \$ _____

208 VOLT THREE PHASE		Qty	Advanced Payment	On-Site Payment	Total Price
20	AMP		\$ 545.00	\$ 626.00	
30	AMP		\$ 650.00	\$ 747.00	
60	AMP		\$ 750.00	\$ 862.00	
100	AMP		\$ 950.00	\$1,092.00	
200	AMP		\$ 1,450.00	\$1,667.00	
300	AMP		\$ 1,850.00	\$2,127.00	
400	AMP		\$ 2,400.00	\$2,760.00	
Each additional (5) amp			\$ 45.00	\$ 45.00	
Distro box - (60) amp- three phase 208 volt			\$ 250.00	\$ 287.00	

Subtotal: \$ _____

MATERIAL	Qty	Advanced Payment	On-Site Payment	Total Price
Extension Cord (Power not included)		\$ 25.00/ea	\$ 25.00/ea	
Multi-Outlet Strip (with 6 outlets) (Power not included)		\$ 25.00/ea	\$ 25.00/ea	
Computer Cable (with 16 outlets) (Power not included)		\$ 75.00/ea	\$ 75.00/ea	
Power lift rental with operator (required) - Based on availability		\$100.00/day	\$100.00/day	
Banner Hanging		\$ 100.00/ea	\$ 100.00/ea	

Subtotal: \$ _____

LABOR RATES	Qty	Rates	Total Price
Regular time 8:00am - 4:30pm (MON-FRI)		\$ 75.00/hr	
Overtime (All other times and Holidays)		\$ 150.00/hr	
Fire Safety engineers (2) engineers @ (1)hr minimum - Smoke or fog machine standby (AFD permit required)		\$ 100.0/hr	

Subtotal: \$ _____

Grand Total: \$ _____

Please return Exhibit Order Form along with completed Credit Card Authorization to Hilton Anaheim

Attn: Finance Dept
Ph#: (714) 740-4343
Fax#: (714) 740-4488

ELECTRICAL SERVICES

Prices subject to change
10/08

Policy Statement

Advanced Payment Price is applied to all orders 14 days prior to event date. 100% payment must be included in order to receive this rate. Orders may not be processed without full payment.

Cancellation fee after installation is 100% of original cost.

The  Family



HILTON ANAHEIM

Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. Do not send completed form by email.

Attention: Finance Department

Date: _____

Fax#: (714) 740-4488

Guest / Group Name:		
Check-In / Event Date:		
Name of Person/Group Making Reservation:		Phone:
Authorized Amount:	Approval Code:	Date:

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Daytime /Business Telephone:		Evening Telephone:
Credit Card Number:		Expiration Date:
Credit Card Type: (Circle one)		
American Express	Discover	JCB Diners Club Visa/MasterCard
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):
I agree to cover the following categories of charges: (Please circle)		
Room & Tax	Food & Beverage	Retail Recreation All Charges
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____		
DIRECT BILL ACCOUNT PAYMENTS ONLY:		
Name on Invoice/Statement _____		Date on Invoice/Statement _____
Invoice/Statement Number _____		Authorized Amount \$ _____

ELECTRICAL SERVICES

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____