



**EMBASSY
SUITES**
by HILTON

Hotel • Convention Center & Spa

600 John Q. Hammons Dr. Frisco, TX 75034

Exhibit Booth Power & Equipment Order Form

Program: _____

Date: _____ Set up Time: _____ Booth # _____

End Day _____ End Time: _____

Contact: **Bryan Kennedy**

E-mail: bryan.kennedy@leadaveventtechnology.com or cedric.daniels@leadaveventtechnology.com

Phone 972.963.9179

Cedric Daniels

Phone 972-963-9204:

Please Fill out form completely:

EXHIBIT POWER/INTERNET ORDER

EXHIBIT EQUIPMENT ORDER

Extension Cord and Power Strip Section 1

| | Advanced Order Rate | On-site Order Rate | Qty. | TOTAL |
|------------------|---------------------|--------------------|------|-------|
| <u>Section 1</u> | | | | |

| | | | | |
|-------------------|----------|----------|-------|-------|
| 15 - 20 Amps | \$40.00 | \$60.00 | _____ | _____ |
| 50 Amp Power Drop | \$150.00 | \$200.00 | _____ | _____ |

The above power includes an Extension Cord and Power Strip

Additional Power Strips

| | | | | |
|-----------------------|---------|---------|-------|-------|
| 6- Outlet Power Strip | \$20.00 | \$25.00 | _____ | _____ |
|-----------------------|---------|---------|-------|-------|

Internet - WI-FI

| | | | | |
|-----------------------|-----------|------------|-------|-------|
| Single Connection | | | | |
| One Device | \$25.00 | \$50.00 | _____ | _____ |
| Additional Connection | \$10.00 | \$25.00 | _____ | _____ |
| Wired Connection | \$75 each | \$125/each | _____ | _____ |

Section 2

| | Advanced Order Rate | On-site Order Rate | Qty. | TOTAL |
|--------------------------|---------------------|--------------------|-------|-------|
| 3 Phase | | | | |
| 100 Amp, 3 Phase Service | \$350.00 | \$600.00 | _____ | _____ |
| 100 Amp Distro Power Box | \$100.00 | \$200.00 | _____ | _____ |
| 200 Amp, 3 Phase Service | \$650.00 | \$800.00 | _____ | _____ |
| 200 Amp Distro Power Box | \$200.00 | \$300.00 | _____ | _____ |

Prices above do not include feeder cable
Please call if you require feeder cable

3 Phase power must be installed by hotel electrician _____

Electrician Installation & Dismantling Labor for Section 2 Only \$100 per hr 2 _____
2 hour minimum

Contact Information (Credit Card Billing Address)

Company Name: _____

On-Site Contact Name: _____

Address: _____

State & Zip Code _____

Phone Number _____

Email _____

Customer Signature: _____

| Advanced Order Rate | On-Site | Qty | Days | TOTAL |
|---------------------|---------|-----|------|-------|
|---------------------|---------|-----|------|-------|

Computer Display Equipment

| | | | | |
|---------------------------------------|----------|----------|---|---|
| 20" Flat Screen Monitor w/Table Stand | \$200.00 | \$275.00 | X | = |
| 32" LED TV w/Table Stand | \$320.00 | \$600.00 | X | = |
| 55" LED TV w/Floor Stand | \$550.00 | \$650.00 | X | = |
| 70" LED TV w/ Floor Stand | \$700.00 | \$950.00 | X | = |
| Laptop Computer | \$225.00 | \$425.00 | X | = |
| DVD Player | \$100.00 | \$150.00 | X | = |
| LCD Projector | \$350.00 | \$450.00 | X | = |
| AV Cart | \$30.00 | \$40.00 | X | = |
| Tripod Screen | \$80.00 | \$90.00 | X | = |
| Client Owned Projector Package* | \$200.00 | \$225.00 | X | = |

*Includes screen power and tech support

| | | | | |
|-----------------|---------|---------|---|---|
| Poster Easel | \$20.00 | \$40.00 | X | = |
| Flipchart Easel | \$40.00 | \$60.00 | X | = |

Audio Equipment

| | | | | |
|-----------------------------------|----------|----------|---|---|
| Anchor Powered System w/ Stand | \$105.00 | \$125.00 | X | = |
| House Sound Patch/Audio Mixer | \$100.00 | \$200.00 | X | = |
| Wired Microphone (Hand Held) | \$50.00 | \$65.00 | X | = |
| Wireless Mic (Hand Held or Lapel) | \$150.00 | \$165.00 | X | = |
| CD Player | \$55.00 | \$75.00 | X | = |

Lighting & Rigging Services

| | | | | |
|-----------------------|------------------|----------|------------|---|
| LED Up Light | \$80.00 | \$100.00 | X | = |
| Banner Setup/Teardown | Call for Details | | | |
| Ladder | \$100 | | | |
| 26ft Scissor Lift | \$850/week | | Qty. _____ | |

(Your Company must have \$1M in liability insurance to operate lift)

Total Charges

Equipment Total Charge _____

Total Power Labor Charge (for power ordered in Section 2) _____

Total Equipment Charge _____

24% Hotel Service Charge _____

8.25% Sales Tax _____

Grand Total _____

**Please complete the Exhibit Form and Credit Card Authorization Form:
E-mail to: bryan.kennedy@leadaveventtechnology.com**



CREDIT CARD AUTHORIZATION
FOR
EMBASSY SUITES BY HILTON DALLAS FRISCO HOTEL
CONVENTION CENTER & SPA
7600 JOHN Q. HAMMONS DR.
FRISCO, TX 75034
 Phone (972) 712-7200, Fax (972) 624-6612

| |
|---|
| <u>HOTEL USE ONLY</u> Please bill credit card for final payment on ____/____/____ in the amount of \$ _____ Banquet \$ _____ Guest rooms |
|---|

GUEST/GROUP/COMPANY NAME: _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

I, _____ request that the below credit card be used for the stated function (s) or guest room (s) to be held at the **Embassy Suites Dallas-Frisco Hotel, Convention Center & Spa**. I state that I am the primary card holder or an authorized for the credit card account, and will pay all charges incurred as agreed upon.

Please note: If you are providing us with a debit card, our credit card authorization system captures these funds automatically-taking the money out of the bank account. The credit will be posted to your hotel account immediately, but if you eventually pay by another method, your bank may take up to 10 days to reverse this original charge and credit the bank account. By signing below, you are authorizing this procedure.

I am providing the credit card information for the following:

- _____ For deposit in the amount of \$ _____ to be applied to the above event(s).
- _____ For payments in full for the above events not to exceed \$ _____.
- _____ For guaranty in the event that all fees not paid in accordance with direct bill terms.

Please charge the credit card for:

- | | |
|-------------------------------|-----------------------------|
| _____ Guest Room & Tax | _____ Parking |
| _____ Incidentals | _____ Meeting Room Rental |
| _____ Meeting Food & Beverage | _____ Other (Please notate) |
| _____ | |

Type of Credit Card _____ Today's Date _____

Name on Card (Please Print) _____

Last 4 Digits of Credit Card Number (full number will be requested via phone) _____ Exp. _____

Authorized Signature _____ Contact Ph# _____

Name of person(s) authorized to sign for the above charges on the day of event, if different from signatory:

THIS FORM MUST BE STORED IN A SECURED AND LOCKED AREA.