



**EMBASSY
SUITES**
by HILTON

Hotel - Frisco/Hilton 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: _____

Questions: Contact: Bryan Kennedy or Cedric Daniels
E-mail: bryan.kennedy@JQH.com or cedric.daniels@JQH.com
Phone 972.963.9179 or 972-963-9204:

Fax Exhibit Forms to Accounting Dept.: 972-624-6612

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

	Advanced Order Rate	On-site Order Rate	Qty.	TOTAL
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: _____

Computer Display Equipment

	Advanced Order Rate	On-Site	Qty	Days	TOTAL
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 _____	_____
Poster Easel	\$20.00	\$40.00	_____	X _____	_____
Flipchart Easel	\$40.00	\$60.00	_____	X _____	_____

*Includes screen power and tech support

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	\$750/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 credit card authorization form: and fax to
Accounting Department Fax at 972-624-6612**



After Printing, Fill in the Remaining Fields, Sign and FAX. Do Not Email

Credit Card Payment Authorization Form

Please complete all cardholder areas below and submit the signed and dated form to the FAX number listed below.

Do not send the completed form by Email.

This form must be received at least five (5) days prior to Check-In, or by the data specified within the event contract, to ensure that the credit card is accepted and approved.

Please Fax Completed Form To: 972-624-6612 Attention: Accounting

For Hotel Use Only:

Authorized Amount: _____ Approval Code: _____ Date: _____

Cardholder: Please complete the following section. Sign and date at the bottom of this form.

Guest / Group Name: _____ Check-In / Event Date: _____

Name of Person Making Reservation: _____ Phone: _____

Cardholder Name Exactly as it Appears on the Credit Card: _____

Cardholder Billing Address: _____

Daytime / Business Phone: _____ Evening Phone: _____

Credit Card Type: (Circle One)
 Visa MasterCard American Express Discover JCB Diners Club

Credit Card Number: _____ Expiration Date: _____

Credit Card Issuing Bank Name: _____ Phone: _____

I agree to cover, and pay for, the following categories of charges: (Please circle all that apply)
 All Charges Room & Tax Food & Beverage Catering Liquor Paid Movies Valet Parking Standard Parking
 Laundry Gift Shop Spa Services Spa Retail Recreation Long Distance Phone Local Phone Federal Express

I agree to cover, and pay for, 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: \$ _____

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 the Credit Card (hotel use only): \$ _____

By signing below, you irrevocably authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" listed 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: _____