

Marriott.

CHICAGO DOWNTOWN MAGNIFICENT MILE

ELECTRICAL ORDER FORM

PHONE: 312-836-6140 FAX: 312-245-6907

| ELECTRICITY | | | | |
|------------------------------|---|------------------------|-----------------------------|--------------|
| <u>Qty</u> | <u>Requirements</u> | <u>Advance Fee</u> | <u>Late On Site Fee</u> | <u>Total</u> |
| ___ | 5 Amp Quad Box | \$75.00 | \$85.00 | _____ |
| ___ | 10 Amp Quad Box | \$ 90.00 | \$100.00 | _____ |
| ___ | 15 Amp Quad Box | \$105.00 | \$115.00 | _____ |
| ___ | 20 Amp Quad Box | \$120.00 | \$130.00 | _____ |
| ___ | Additional Power Stips | \$25.00 | \$35.00 | _____ |
| 208 VOLT SINGLE PHASE | | | | |
| ___ | 15 Amp Feed | \$120.00 | \$150.00 | _____ |
| ___ | 20 Amp Feed | \$160.00 | \$190.00 | _____ |
| ___ | 30 Amp Feed | \$200.00 | \$250.00 | _____ |
| ___ | 40 Amp Feed | \$300.00 | \$375.00 | _____ |
| ___ | 60 Amp Feed | \$350.00 | \$450.00 | _____ |
| ___ | 100 Amp Feed | \$500.00 | \$625.00 | _____ |
| 208 VOLT THREE PHASE | | | | |
| ___ | 15 Amp Feed | \$200.00 | \$250.00 | _____ |
| ___ | 20 Amp Feed | \$250.00 | \$300.00 | _____ |
| ___ | 30 Amp Feed | \$350.00 | \$400.00 | _____ |
| ___ | 40 Amp Feed | \$600.00 | \$675.00 | _____ |
| ___ | 80 Amp Feed | \$750.00 | \$850.00 | _____ |
| ___ | 100 Amp Feed | \$1,000.00 | \$1,150.00 | _____ |
| ADDITIONAL FEES | | | | |
| | Electrical Permit Fee | \$65.00 | No change | _____ |
| | <i>A permit is required for Single or Three Phase power requirements.</i> | | | |
| | High Lift Rental with Driver | \$172.00 / hr. | \$198.00 | _____ |
| | High Lift Per Day | \$750.00 | \$ 863.00 | _____ |
| | Banners To Be Hung | \$ 65.00 /Hr./Man | \$75.00 /Hr/Man | _____ |
| | Labor to setup/strike 50+ Exhibit Booths | \$ 65.00/Hr/Man | \$75.00/Hr/Man | _____ |
| TOTAL ELECTRIC | | | | _____ |

ELECTRICAL STIPULATIONS

- Requirements must comply with all City of Chicago codes.
- Two-Wire systems & clamp- on lights are not permitted
- Electricity is charged a "one-time" fee.
- Rates are subject to change.
- Wall outlets are not part of the rental space.
- Rates are subject to change without prior notice.

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| BILLING INFORMATION |
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SHOW NAME _____

EXHIBITOR NAME _____ LOCATION : _____

“SETUP” DATE & TIME _____ “STRIKE” DATE & TIME: _____

BILLING ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ FAX _____

HOTEL CONTACT NAME: _____ - _____

ON-SITE CONTACT NAME: _____

CREDIT CARD TYPE _____ NUMBER/ EXP DATE _____

COMPANY CHECK NUMBER _____ HOTEL GUEST ROOM NUMBER _____

MASTER ACCOUNT NUMBER (PMS) : _____

AUTHORIZED SIGNATURE _____

DATE _____

MAVRICK _____