Date Received:	
Dute Received.	



Exhibit Booth and Display Electrical Order Form

Electrical order form and payment must be received no later than **2 weeks prior** to show opening to guarantee electrical setup. All requests for services received within 2 weeks of show opening or onsite during show are subject to the availability of equipment and services of our electricians. All advance orders will be given priority. No services will be provided without a signed copy of this form or before payment is received. Surge protection for equipment must be provided by exhibitor. All orders are subject to 9.15% Sales Tax. *If you are not certain of your requirements, please call for assistance.*

Name of Convention:			Sho	w Date:	
Company Name:					
Street Address:					
City:		State:		Zip Code:	
Contact Name:			Phone:		
Method of Payment:	☐ Credit Card ☐	Check N	Take checks payable	e to: <i>Hotel Topeka a</i>	nt City Center
Authorized Signature:	:			Date:	
delivery of electr	electrical (volts/amp rical requirements. Po rips upon request at an IRCUITS:	wer strips wi	ll not be permitt	•	
120 VOLT, SINGI	LE PHASE				
Quantity			Prepaid	Day of Event	Subtotal
	1 or 2 outlets / 5 amps ea	ach	\$45.00 each	\$55.00 each	
	3 or 4 outlets / 10 amps	each	\$55.00 each	\$65.00 each	
	5 or 6 outlets / 15 amps	each	\$65.00 each	\$75.00 each	
120 VOLT, SINGI	LE PHASE				
Quantity			Prepaid	Day of Event	Subtotal
	110 outlet / 30 amps		\$150.00	\$175.00	

208 VOLT AV,	SINGLE PHASE			
Quantity		Prepaid	Day of Event	Subtotal
		\$250.00	\$275.00	
208 VOLT AV,	THREE PHASE			
Quantity		Prepaid	Day of Event	Subtotal
		\$350.00	\$375.00	
INTERNET AC	CCESS (provided by Hotel Topeka at Ci	ity Center)		
		Prepaid	Day of Event	Subtotal
☐ WIFI	Wired	\$100.00	\$125.00	
Exhibit Areas in	nclude (1) 8' Table and 2 Chairs (tablect	loth and skirt included)		
Quantity		Prepaid	Day of Event	Subtotal
	Additional 8' Table	\$10.00 each	\$25.00 each	

It is our intent to provide quality utility services for our client. However, Hotel Topeka at City Center cannot be responsible for any damages to electrical, mechanical and computer equipment which is caused by power surge, voltage drop, loss of building power or any other failure which is deemed "Act of God". It shall be the responsibility of the client to provide surge protection for their equipment and act in good faith with installation and removal of all equipment, including, but not limited to any electrical, mechanical and computer equipment. It shall also be the responsibility of the client to ensure their equipment is properly secured and unplugged during non-operating hours.

SHIPPING INSTRUCTIONS:

For any exhibitors who would like to ship their booths or materials prior to the show please abide by the following. Shipping of materials will be accepted and received four (4) days prior to the show. Any items that are received prior to the four (4) days will not be accepted due to the limited amount of space in our receiving area.

Please label your boxes, etc. with the following information:

- Name of convention you are attending
- Dates of convention
- Your company name, address, phone number and booth number

All shipments can be shipped to the following address:

Hotel Topeka at City Center Attn: Banquet Department c/o your company name 1717 SW Topeka Blvd Topeka, Kansas 66612

Arrangements must be made for the return of boxes/crates after the show.

All items must be picked up by shipping company/carrier within two (2) business days of conclusion of show. Any items not picked up subject to storage fees.



CREDIT CARD AUTHORIZATION FORM

Hotel Topeka At City Center 1717 SW Topeka Blvd Topeka, KS 66612

Phone (785) 431-7200, Fax (785) 235-0723

HOTEL USE ONLY
Please bill credit card for
final payment on
/ /
in the amount of
S
Banquet
\$
Guest rooms

ARRIVAL DATE:	DEPARTUI	RE DATE:
	reques oom (s) to be held at Hotel Topeka At (ne credit card account and will pay all cha	t that the below credit card be used for the City Center. I state that I am the primary card rges incurred as agreed upon.
automatically taking the mimmediately, but if you even	oney out of the bank account. The c	ard authorization system captures these funds redit will be posted to your hotel accoun may take up to 10 days to reverse this original zing this procedure.
I am providing the credit care	d information for the following:	
For deposi	t in the amount of \$ to be applied	to the above event(s).
For payme	nts in full for the above events not to exce	ed \$
For guaran	ty in the event that all fees not paid in acc	ordance with direct bill terms.
Pl	ease charge the credit card for:	
8=	Guest Room & Tax	Guest Meals
1 	All Charges	Meeting Room Rental
<u>-</u>	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 vi	a phone)Exp
Authorized Signature		_Contact Ph#