

9800 Queensway Blvd.
 Myrtle Beach, SC 29572
 Phone: (843) 497-1000
 Fax: (843) 497-1110
 Attention: Accounting

Kingston Plantation
 A Hilton and
 Embassy Suites Resort

ELECTRICAL ORDER FORM

YOUR NAME (PLEASE PRINT) _____

PHONE _____

NAME OF CONFERENCE: _____

DATE OF CONFERENCE: _____

YOUR COMPANY NAME: _____ **BOOTH NUMBER:** _____

ADDRESS: _____ **CITY:** _____ **STATE** _____

ZIP _____

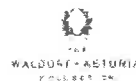
<p><u>IMPORTANT CONDITIONS AND REGULATIONS:</u></p> <ol style="list-style-type: none"> 1. Wall, column and permanent building utility outlets are not a part of booth space and are not to be used by exhibitors unless specified otherwise. 2. All equipment, regardless of source of power, must comply with all federal, state and local safety codes. 3. Use of open personal power strips is prohibited. 5. Prices based upon current wage rates and are subject to change without notice. 6. Under no circumstances shall anyone other than "house electrician" make electrical connections. 7. Special equipment requiring company engineers or technicians for assembly, servicing, preparatory work and operation may be executed without "house electrician". 8. All equipment must be properly tagged and wired with complete information as to type of current, voltage, phase, cycle, horsepower, etc. 9. All exposed non-current carrying metal parts of fixed equipment, which are liable to be energized, shall be grounded. 10. Rates quoted for all connections over only the bringing of service to the booth in the most convenient manner and do not include connecting equipment for special wiring. 11. Orders must be received a minimum of seven (7) days prior to exhibitor arrival for move in. 	<p><u>PLEASE FILL OUT THE FOLLOWING</u></p> <p>Electrical Service Required</p> <p>110 Volt AC Standard Service</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"># of Outlets</th> <th style="text-align: right;">Total</th> </tr> </thead> <tbody> <tr> <td>_____ 5 Amps/500 Watts \$40.00</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____ 20 Amps/2200 Watts \$75.00</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____ 60 Amps/6600 Watts \$150.00</td> <td style="text-align: right;">_____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total _____</td> </tr> </tbody> </table> <p>NOTE: Prices include (1) loaned 25' extension cord. Exhibitors will be charged \$25.00/+ tax for unreturned cord.</p> <p>208 Volt AC Single Phase</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>_____ 50 Amp Service</td> <td style="text-align: right;">\$150.00 _____</td> </tr> <tr> <td>_____ 100 Amp Service</td> <td style="text-align: right;">\$300.00 _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(three phase available in Kensington Ballroom only)</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total _____</td> </tr> </tbody> </table> <p>NOTE: Any direct wiring required will be completed by a certified house electrician at the flat rate of \$85.00/hr. With a 1 hour minimum.</p> <p>208 Volt AC Three Phase</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>_____ 50 Amp Service</td> <td style="text-align: right;">\$250.00 _____</td> </tr> <tr> <td>_____ 100 Amp Service</td> <td style="text-align: right;">\$450.00 _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total _____</td> </tr> </tbody> </table> <p>NOTE: All electrical services must be ordered within 7 working days of the event. Any additional charges incurred on the day of the event will be assessed at the rate listed above plus an 20% service charge.</p>	# of Outlets	Total	_____ 5 Amps/500 Watts \$40.00	_____	_____ 20 Amps/2200 Watts \$75.00	_____	_____ 60 Amps/6600 Watts \$150.00	_____	Total _____		_____ 50 Amp Service	\$150.00 _____	_____ 100 Amp Service	\$300.00 _____	(three phase available in Kensington Ballroom only)		Total _____		_____ 50 Amp Service	\$250.00 _____	_____ 100 Amp Service	\$450.00 _____	Total _____	
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* Payments may also be made by check *

SIGNATURE: _____ **DATE** _____

TO PAY BY CREDIT CARD PLEASE COMPLETE AUTHORIZATION ON NEXT PAGE

The Hilton Family



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.

Fax Completed Form to: 843-497-1100
Attention: Accounting

ATTN: _____

HOTEL USE ONLY:

Date: _____

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)				
<input type="checkbox"/> Visa/MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> JCB	<input type="checkbox"/> Diners Club
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)				
<input type="checkbox"/> All Charges	<input type="checkbox"/> Room & Tax	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> Retail	<input type="checkbox"/> Recreation
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 \$ _____		

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: _____