



ELECTRICAL SERVICES FORM

NAME OF EVENT: _____

BOOTH NUMBER: _____

DATE & TIME OF INSTALL: _____

ON-SITE

DATE & TIME OF TEARDOWN: _____

CONTACT: _____

Equipment	Price	# of Days	QUANTITY	TOTAL COST
Powerstrip and Extension Cord	\$30.00			
10 Amp Quad Box	\$130.00			
115 V 20 Amp	\$180.00			
*Prices below are per day / per 20 amps				
208 V Single Phase 20 Amp	\$220.00			
208 V Three Phase 20 Amp	\$300.00			
			Sub total	
			Service Charge (25%)	
			Tax (5.75%)	
			Grand Total	

Additional Information for Exhibitors

- **Please call 202.962.4385 if you have questions**
- In order to serve you better, attach any information, diagrams, etc. that will assist our staff
- All equipment regardless of source of power must comply with all federal and local safety codes.
- Under no circumstances shall anyone other than the "House Electrician" make electrical connections.
- User must supply rated male and female plug** 208V single or three phase user must supply rated male and female plug
- **FAX THIS FORM AND THE COMPLETED CREDIT CARD AUTHORIZATION FORM TO 202.682.3375**

Please provide all the information requested below as a form of payment for all event charges as outlined in your Group Sales Agreement (Guest Rooms, Food & Beverage, AV, Miscellaneous, Service Charges and Taxes).

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)
 Corporate | Company Name: _____

Credit Card Account Number: _____ Exp. date: _____

Address:
(where statement is mailed) _____

City, State and Zip: _____

Email Address: _____
Phone number: _____ Fax or alternate number: _____

Event Information

Name of Event: _____

Organization Name (if applicable): _____
_____ Fax or alternate number: _____

Event Dates: _____

I certify that all information is complete and accurate. I hereby authorize **RENAISSANCE WASHINGTON DC DOWNTOWN HOTEL** to collect payment for all authorized charges associated with this event by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____

For Internal Use Only:
Estimated Charges: _____ Folio # _____

* Please Fax this Form along with your order form back to 202.682.3375 in care of the Audio Visual Department