

Embassy Suites
9800 Queensway Blvd.
Myrtle Beach, SC 29572

ELECTRICAL ORDER FORM

Fax completed form to 843-497-1219
Attn: Tracy Weinberg, Event Services
Phone: (843) 497-1000

NAME:
PHONE:
NAME OF CONFERENCE: SC Dental Association
VENDOR NAME:
BOOTH NUMBER:

LOCATION: KENSINGTON DEFG
SETUP DATE/TIME:
DATE OF CONFERENCE: May 1-8, 2018
DATE ORDERED:

NOTE: To avoid additional charges, all orders must be submitted to the Hotel a minimum of ten (10) days prior to the event.

**Please note that SCDA is providing (1) 5amp service to all exhibitors.
You only need to complete this form if you require more than (1) 5amp of service.**

IF ORDER DATE IS PRIOR TO [4/23/18] PLEASE FILL OUT THE FOLLOWING:

**Electrical Service Required
110 Volt AC Standard Service**

of Outlets

_____ 5 Amps/500 Watts @ \$50.00 ea _____
_____ 20 Amps/2200 Watts @ \$100.00 ea _____

Total _____

NOTE ABOVE: Prices include (1) loaned 25' extension cord.
Exhibitors will be charged \$35.00 + tax for unreturned cord.

_____ **Multi Power Outlet Strip @ \$60.00** _____
Includes 1-5 amp power service

Total _____

208 Volt AC Single Phase

_____ 50 Amp Service @ \$200.00 ea _____
_____ Band Power Box @ \$250.00 ea _____

Total _____

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.

208 Volt AC Three Phase

_____ 50 Amp Service @ \$300.00 ea _____
_____ 100 Amp Service @ \$500.00 ea _____

Total _____

NOTE ABOVE: Three phase available in Palisades Ballroom only.

_____ **Banner Hanging @ \$50.00 ea** **Total** _____

IF ORDER DATE IS AFTER [4/23/18] PLEASE FILL OUT THE FOLLOWING:

**Electrical Service Required
110 Volt AC Standard Service**

of Outlets

_____ 5 Amps/500 Watts @ \$100.00 ea _____
_____ 20 Amps/2200 Watts @ \$175.00 ea _____

Total _____

NOTE ABOVE: Prices include (1) loaned 25' extension cord.
Exhibitors will be charged \$35.00 + tax for unreturned cord.

_____ **Multi Power Outlet Strip @ \$85.00** _____
Includes 1-5 amp power service

Total _____

208 Volt AC Single Phase

_____ 50 Amp Service @ \$350.00 ea _____
_____ Band Power Box @ \$400.00 ea _____

Total _____

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.

208 Volt AC Three Phase

_____ 50 Amp Service @ \$450.00 ea _____
_____ 100 Amp Service @ \$650.00 ea _____

Total _____

NOTE ABOVE: Three phase available in Palisades Ballroom only.

_____ **Banner Hanging @ \$75.00 ea** **Total** _____

SIGNATURE: _____

DATE: _____

IMPORTANT CONDITIONS AND REGULATIONS:

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.
4. Prices are based upon current wage rates and are subject to change without notice.
5. Under no circumstances shall anyone other than the "house electrician" make electrical connections.
6. Special equipment requiring company engineers or technicians for assembly, servicing, preparatory work, and operation may be executed without "house electrician".
7. All equipment must be properly tagged and wired with complete information as to type of current, voltage, phase, cycle, horsepower, etc.
8. All exposed non-current carrying metal parts of fixed equipment, which are liable to be energized, shall be grounded.
9. Rates quoted for all connections cover only the bringing of service to the booth in the most convenient manner and do not include connecting equipment for special wiring.
10. **Special pricing** for orders received a minimum of ten (10) days prior to exhibitor arrival for move in.

Embassy Suites
9800 Queensway Blvd.
Myrtle Beach, SC 29572

Kingston Plantation
A Hilton and
Embassy Suites Resort

Fax completed form to 843-497-1219

Attn: Event Services
Phone: (843) 497-1000



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: [INSERT FAX #]

ATTN: _____

HOTEL USE ONLY:

Date: _____

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) Visa/MasterCard American Express Discover JCB 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) All Charges Room & Tax Food & Beverage Retail 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: _____