



**SPOKANE
CONVENTION
CENTER**

Event: _____ Booth No. _____

Mail to: Spokane Public Facilities District
720 W. Mallon Avenue
Spokane, Wa 99201
Phone: 509-279-7021 Fax: 509-279-7060

FULL BOOTH TRIM OUT ORDER FORM

STANDARD ELECTRICAL DROPS

Quantity	Description	5 day Advanced Rate	Floor Rates	Amount
SINGLE PHASE 120 V				
	500 Watt, or 5 amp	20.00		

Please Type or Print Legibly

Special Instructions

COMPLIMENTARY ELECTRICAL

- All management electrical services are available at discount rates.
- All exhibitor lay-in of power can be ordered through event management at a 50% discount for the first 500 Watts package savings. This package service must provide power to **all** exhibitors and each 10' space count as one booth. Event management is invoiced for this package eliminating the need for individual exhibitor collection.
- We offer one complimentary 20 amp service to your registration area with great discounts for any other power needed in this area.
- For banquets and special events, a "Special Event Package" is available. Contract your Facility Services Coordinator.
- Complimentary up to two 15 amp, 120 volt outlets will be provided to the show manager or association for their own booth located on the tradeshow floor.

Service will be brought to the rear of the booth in the most convenient manner, unless otherwise indicated below.



NEMA Configuration: _____
Direct Connect Wire Required: Y () N ()

**Three Phase 480V service available.
Call for custom electrical setup quote.**

1. Under no circumstances shall anyone other than the "House Electrician" make electrical connections to the facility's electrical system.
2. Convention Center staff are only responsible for primary power.
3. Refunds/Claims will not be considered unless filed by exhibitor prior to start of show.
4. All Exhibitor supplied extension cords must be UL rated and meet facility standards.

Quantity	Description	Hourly Rate	Amount
	On Floor Electrician	40.00	
	Evening/Weekends/Holidays	50.00	

*Please call for Custom electrical setups, other than those listed above.

Total Due

PAYMENT IN FULL MUST BE RENDERED BEFORE SERVICE IS CONNECTED

() Enclosed is my check or money order made payable to: Spokane Public Facilities District

() Visa () Master Card No. _____ Exp. Date: _____ 3 digit # _____

Name as it appears on card: _____

Address: _____ City _____ St _____ Zip _____

I authorize the Spokane Public Facilities District to charge my credit card for the services listed:

Authorized Signature: _____

Contact Name: _____

E-mail _____ Phone: (_____) _____

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