



SPOKANE CONVENTION CENTER

Event Name: _____ Booth No.: _____

Vendor Name: _____

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

BUY-OUT ELECTRICAL SERVICE ORDER FORM

STANDARD ELECTRICAL DROPS

Please Type or Print Legibly

Quantity	Description	5 day Advanced Rate	Floor Rates	Amount
SINGLE PHASE 120 V				
	500 Watt, or 5 amp	32.00	40.00	
	1000 Watt, or 10 amp	44.00	56.00	
	1500 Watt, or 15 amp	56.00	72.00	
	2000 Watt, or 20 amp	64.00	80.00	
	3000 Watt, or 30 amp	72.00	88.00	
SINGLE PHASE S08V				
	20 Amps Single Phase 208V	72.00	88.00	
	30 Amps Single Phase 208V	88.00	112.00	
	40 Amps Single Phase 208V	108.00	136.00	
	50 Amps Single Phase 208V	128.00	160.00	
	60 Amps Single Phase 208V	148.00	184.00	
THREE PHASE 208V				
	20 Amps Three Phase 208V	88.00	104.00	
	30 Amps Three Phase 208V	120.00	136.00	
	40 Amps Three Phase 208V	152.00	168.00	
	50 Amps Three Phase 208V	184.00	200.00	
	60 Amps Three Phase 208V	216.00	232.00	

Electrical Service will be brought to the rear of the booth in the most efficient and convenient manner.

Do not combine wattage of several items into a total count. You will not have the proper amount of outlets to plug in your equipment

You must complete the box below if

NEMA Configuration: _____
 Straight Blade _____ Twist Lock _____
 Direct Connect Wire Required: Y () N ()
 Type: 3 Wire _____ 4 Wire _____ 5 Wire _____

There will be an "On Floor Electricians" charge for any hard wiring or plug end placement. Min 1 Hr.

CUSTOM ELECTRICAL WORK*

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

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

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

*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: _____

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: (_____) _____