2012 LIGHTING SERVICE ORDER FORM



	PLEASE PRINT OR TYPE: Bolded fields are required for processing.														
Orange County	NAME OF EVENT: Sta	BOOTH:													
Convention Center	BOOTH SIZE:X						BOOTH TYPE: ☐ ISLAND ☐ INLINE ☐ PENINSULA								
The Center of Hospitality,	EXHIBITING COMPANY:						PHONE: FAX.								
where it's all about your experience.	ADDRESS:														
Orlando							CE: ZIP: COUNTRY:								
ARE YOU:	□Exhibitor	□EAC / I & D (Company Name) _						□Other_							
IF USING AN EAC	/ I & D COMPANY, PLEASE IN	NDIC <i>F</i>	ATE CONTA	ACT INF	ORMATIO	N BELOW:									
CONTACT NAME: _					PHO	NE:		E)	<u>XT.</u> E	EMAIL	L:				
Attention: Ex		Conv	ention Cer	i nter (80	Fax (407 0) 345-989		84 t Services	s (407	') 685-982	P 4	Attenti O BOX 69	ion: 1509,	Exhibi	ntion Cen tor Servio FL 32869-1	ces
Track Lights			*Incentive Order With Payment												
-		Before August 6, 2012					Aff			Afte	r August (
Quantity		\$			ales Tax				Cost		Sales Tax				
	4' Track with 2 lights*		176.52			•	188.00				\$ 18.50				
4' Track with 3 lights*		\$	205.63			*	219.00		331.45				353.00		
4' Track with 4 lights*		\$ \$	232.86	+ \$		•	248.00		373.70 89.20				398.00 95.00		
Add'l Track Light Fixtures* 300 Watt Pole Light**		\$		+ 5 + \$		•	60.00				\$ 5.60 \$ 9.59				
	fixtures, maintenance, pov														
** Includes Powe	er and Installation VERHEAD LIGHTING (Price				var arra rri	otar bar 10	ριασσιτι	<i>3110 11</i>	, your boo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0000	,0,0,0	oo orao).		
Quantity		Cost Tax Unit To				al	Cost Tax Unit Total TOTAL								
Par Can ^{*†} Lights Out (Per Pod)		\$ 266.66 + \$ 17.34 \$ 28			\$ 284.	.00 \$450.00 + 29.25					\$	479.25	\$	_	
		Requires Show Mgmt Approval \$55.0				Requires Show Mgmt Approval \$75.00 \$							\$		
If refooPlease order tALL P before	heatrical Ceiling Light Incl cus is required, an addi e attach blueprints, floo to determine proper orie AYMENTS MUST BE e services are provide	tiona r pla entat MAC ed.	al labor on the second	charge h diag our bo JLL by	will app rams, sk oth and check,	oly. setches of the locat scash, n	or drawii ion of p noney o	ngs ar ca	ans and/	or tra	ack or po	ole lig	hts.		
Payment in	full must be recei	vec	d befor	e sei	rvice is	provi	ded.								
FORM OF PAYI ☐ Company Cl	onvention Center Taxpayer long MENT: Remit to Orange heck or Money Order in the vable to Orange County C	Cou ne an	unty Connount of \$	ventio	n Center	. NEW ON								ase Rate.	
present credit ca charges.	e all areas below. Incomp ard transaction at its discre	etion	. Please i	note th	at we will	be conta	cting you	ır ba	nk to veri	ify tha	at you are	able	to make	these	
Name (Please P	Print)											FOR	OFFICE	USE ONLY	
	ature										_				
	to where final invoice will														
Credit Card Billir	ng Address:										_				
Security ID Cod					<u></u>										

Cancellation Policy: Notification of cancellation must be received in writing a minimum of fourteen (14) days prior to the scheduled first move in date to receive a full refund less \$35.00 administrative fee.

ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE.