



POWER SOURCE

Trade Show Specialists

13750 WEST COLONIAL DR. SUITE 350-362
 WINTER GARDEN FL, 34787
 TEL: (407) 351-4158 FAX: (407) 704-2454
 ORDERS@POWERSOURCESERVICES.COM

Booth #:

SHOW NAME: E.C.C 2025 HOME SHOW
LOCATION: WORLD EQUESTRIAN CENTER OCALA
DATE: JANUARY 25-26TH 2025
ADVANCED RATE DEADLINE: FRIDAY JANUARY 10TH

ELECTRICAL OUTLETS APPROXIMATELY 120V A.C. 60 CYCLE

120 VOLTS	QUANTITY	ADVANCED RATE	REGULAR RATE	COST
0-1000 WATTS (10 AMPS)		85.00	105.00	
1001-1500 WATTS (15 AMPS)		100.00	115.00	
1501-2000 WATTS (20 AMPS)		110.00	125.00	
FACILITY HOOK UP FEE REQUIRED WITH EACH ORDER				25.00

EXTENSION CORDS (ELECTRICITY NOT INCLUDED)

SINGLE OUTLET		16.00	20.00	
POWER STRIP		20.00	25.00	

208 VOLT SERVICES SINGLE PHASE

20 AMP		240.00	300.00	
30 AMP		280.00	350.00	
60 AMP		325.00	400.00	

FOR ANYTHING OVER 60 AMPS PLEASE CALL OR EMAIL FOR A QUOTE

208 VOLT 3 PHASE SERVICES

20 AMP		260.00	285.00	
30 AMP		300.00	340.00	
60 AMP		400	450	

LABOR

ST MON.-FRI. 8:00am - 4:30pm (Except Holidays)		60.00		
OT MON.-FRI. 4:30pm - 8:00am (Sat/Sun/Holidays)		90.00		

DEDICATED CIRCUIT OR 24 HOUR SERVICE REQUIRED? YES ___ NO ___
 If Yes, Add \$50 to Electrical Service Connection Charge.

Power Will Be Placed At The Rear Of The Booth. Any Other Locations Will Be Installed On A Time & Materials Basis. Please Provide A Floor Plan Indicating The Desired Location. THERE IS A MINIMUM LABOR CHARGE OF (1) HOUR FOR HOOK-UP AND 1/2 HOUR TO DISMANTLE PLUS MATERIAL USED FOR 208 VOLT SERVICES AND ISLAND BOOTHS.

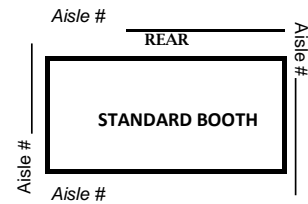
REFUND MUST BE REQUESTED 7 DAYS PRIOR TO SHOW OPENING. PERMANENT WALL OUTLETS ARE NOT APART OF BOOTH SPACE. ADDITIONAL POWER REQUIRED

SPECIAL INSTRUCTIONS

FOR ISLAND BOOTHS PLEASE PROVIDE A FLOOR PLAN FOR DESIRED LOCATION OF ELECTRICAL DROP. ISLAND BOOTHS NORMALLY REQUIRE A MINIMUM OF 1 HOUR OF LABOR

FULL PAYMENT DUE PRIOR TO SHOW OPENING

SUBTOTAL:	\$	
7.0% SALES TAX:	\$	
TOTAL DUE:	\$	



Payment Method: _____ Mastercard _____ Visa _____ AMX _____ Check _____

CREDIT CARD #	EXP DATE:
CARDHOLDERS NAME: (PRINT)	SEC CODE:
AUTHORIZED SIGNATURE:	CARDHOLDERS ZIP:
IF YOU WOULD LIKE AN ELECTRONIC INVOICE LEAVE CREDIT CARD INFOR BLANK AND WE WILL SEND YOU IT VIA EMAIL	
FIRM NAME:	EMAIL:
ADDRESS:	TELEPHONE:
CITY/STATE/ZIP	FAX:
SIGNATURE:	PRINT NAME:

IF ORDERS ARE FAXED, THE FAX WILL BE YOUR RECEIPT.