



22 E Fifth Street, Dayton, OH 45402
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Utility Order Form

Name of Exhibition or Show: _____

Booth #: _____

Firm/Booth Name: _____

Show Date: _____

Address: _____

Phone: _____

City: _____

State: _____

Zip: _____

Email: _____

Contact Name: _____

Signature: _____

*Please submit orders as early as possible to facilitate prompt service.
 Signature of requesting party on order form indicates understanding of the following:*

Onsite rate applies to all orders received with 5 business days of event.

110 Volt Electric Services

| QTY | Single Outlet | Pre-Order Rate | Onsite Rate | TOTAL |
|-----|---------------------------|----------------|-------------|-------|
| | Outlet up to 1000 watts | \$65 | \$85 | |
| | Outlet 1001 to 2000 watts | \$85 | \$105 | |

Special 208 & 220 Volt Electric Services

| QTY | Amps | Pre-Order Rate | Onsite Rate | | QTY | Amps | Pre-Order Rate | Onsite Rate | TOTAL |
|---|------|----------------|-------------|--|-----|------|------------------------------------|-------------|-------|
| | 10 | \$75 | \$105 | | | 10 | \$105 | \$135 | |
| | 15 | \$85 | \$115 | | | 15 | \$120 | \$150 | |
| | 20 | \$100 | \$130 | | | 20 | \$135 | \$165 | |
| | 30 | \$130 | \$160 | | | 30 | \$155 | \$195 | |
| | 40 | \$150 | \$180 | | | 40 | \$175 | \$215 | |
| | 50 | \$170 | \$200 | | | 50 | \$195 | \$235 | |
| | 60 | \$195 | \$225 | | | 60 | \$215 | \$255 | |
| | 100 | \$300 | \$330 | | | 100 | \$325 | \$365 | |
| Quantity | | Item | | | | | Cost Each | | |
| | | Extension Cord | | | | | \$15 | | |
| | | Power Strip | | | | | \$20 | | |
| Mandatory Labor Fee for Special Services (do not add for 110 volt service) | | | | | | | \$55 | ➔ | |
| Onsite Mandatory Labor Fee for Special Services | | | | | | | \$75 | ➔ | |
| | | | | | | | Grand Total (excluding tax) | | |

PAYMENT INFORMATION:

CHECK HERE IF YOU ARE PAYING CREDIT/DEBIT CARD
 TOTAL AMT \$ _____
 Visa, Mastercard and American Express are accepted. DO NOT
 write full card number on this form.
 Credit/debit payments can be taken by phone or via online
 payment link after the form has been submitted.

CHECK HERE IF PAYING BY CHECK

Check # _____ AMT \$ _____

CHECK HERE IF PAYING CASH

AMT \$ _____

DCC Staff Only: Payment Received by: _____ **Date:** _____