



EXHIBITOR SERVICES ORDER FORMS

ORDERS MUST BE PLACED NO LATER THAN
THREE BUSINESS DAYS PRIOR TO FIRST SHOW MOVE-IN DATE



EMBASSY SUITES®

Loveland - Hotel, Spa & Conference Center
4705 Clydesdale Pkwy, Loveland, CO 80538
970-593-6200



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All orders must be received **10 days** prior to the first contracted show move-in date to qualify for the discount price.
All orders received after the deadline are considered "Floor Orders" and will be assessed a 50% surcharge.

Any order requiring special services may be subject to additional service or labor charges.
If you have questions on this form, please contact the Embassy Suites Loveland Sales Office at 970-612-2385.

2020 COLORADO SCHOOL NUTRITION ASSOCIATION EXHIBITOR ORDER FORM

The Exhibit Booth Package includes:

- (1) Exhibit Booth (8' X 10' with black drape)
- (1) 6' skirted (black) table with tablecloth
- (2) padded chairs – AVAILABLE UPON REQUEST
- (1) wastebasket with once daily waste removal
- (1) Electrical Connection - AS REQUESTED
- Set-up and Teardown labor

<u>ADDITIONAL ITEMS</u>	<u>PREORDER</u>	<u>QUANTITY</u>	<u>SUBTOTAL</u>	<u>25% SC</u>	<u>6.7% TAX</u>	<u>TOTAL</u>
6' x 30" w/ Black Skirting	\$20.00	_____	_____	_____	_____	_____
8' x 30" w/ Black Skirting	\$25.00	_____	_____	_____	_____	_____
42" tall Cocktail Table	\$15.00	_____	_____	_____	_____	_____
Easel	\$15.00	_____	_____	_____	_____	_____

Other items such as sofas, additional chairs, tables, etc., are available upon request for an additional fee. Please contact the hotel to make arrangements. A two-week lead time may be required on some furniture items.

EVENT NAME: CSNA 2020 EVENT MOVE-IN DATE: _____

Company: _____ Booth #: _____

Booth Contact: _____ Contact's Phone #: _____

Contact's Email: _____

All Vendor booths require a credit card on file for incidental and shipping charges
I hereby authorize the above charges to the **attached credit card authorization form**. I understand that I will be held solely responsible for the payment of said charges.

Signature _____

All prices are subject to and will be charged service charge and tax, currently 25% and 6.7% respectively.

PLEASE FAX COMPLETED FORMS TO THE EMBASSY SUITES LOVELAND AT: (970) 612-2398



EMBASSY SUITES®

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970-593-6200

PHONE & INTERNET ORDER FORM

All orders must be received **10 days** prior to the first contracted show move-in date to qualify for the discount price.
All orders received after the deadline are considered "Floor Orders" and will be assessed a 50% surcharge.

Rates are charged per event day.

Any order requiring special location placement may be subject to additional charges.

Available Internet/Phone Services:	PREORDER	QUANTITY PER DAY	SUBTOTAL	25% SC	6.7% TAX	TOTAL
Analog Phone Line (outgoing calls only)	\$55	_____	_____	_____	_____	_____
Digital Phone Line (outgoing calls only)	\$55	_____	_____	_____	_____	_____
High Speed Internet (WIRED) ¹	\$55	_____	_____	_____	_____	_____
High Speed Internet (WIRELESS) ²	\$45	_____	_____	_____	_____	_____

* All long distance charges incurred from the first contracted show move-in date through the last move-out date are the responsibility of the exhibitor. Usage will be billed at the close of show. Local calls are free. There is a 100% surcharge on each long distance call.

1-800 #'s are free up to 59 consecutive minutes. Charges begin to apply at minute 60 and each minute thereafter.

Copies of charge receipts and itemized billings will be mailed approximately one (1) week after the close of show.

¹ Single user per device. Shared Ethernet connection 1.5Mbps. Password will be provided on set-up day.

² Single user per device. Shared WiFi connection 1.5Mbps. Password will be provided on set-up day.

ALL PRICES ARE LISTED **PER DAY**.

Special Requirements:

EVENT NAME: CSNA 2020 EVENT MOVE-IN DATE: _____

Company: _____ Booth #: _____

Booth Contact: _____ Contact's Phone #: _____

Contact's Email: _____

I hereby authorize the above charges to the **attached credit card authorization form**. I understand that I will be held solely responsible for the payment of said charges.

Signature _____

It is our intent to provide quality utility services for our clients, however the Hotel cannot be responsible for any damages to electrical, mechanical, or computer equipment caused by power surge, loss of building telephone service or any failure deemed an "Act of God". It shall be the responsibility of the client to provide adequate surge protection for their equipment and act in good faith with installation & removal of equipment including but not limited to any electrical, mechanical or computer equipment. It shall also be the responsibility of the clients to ensure that their equipment is unplugged & properly secured during non-operating hours.

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SPECTRUM AV

A u d i o V i s u a l S e r v i c e s

<u>PLASMA / FLAT SCREEN DISPLAY</u>	<u>PREORDER</u>	<u>QUANTITY</u>
20" Flat Screen Monitor	\$85	
32" Flat Screen Monitor	\$275	
LG 42" LED	\$375	
LG 55" LED	\$525	
Sharp 70" LED	\$625	
<u>LCD PROJECTORS</u>		
Eiki LCD Projector (3,500 Lumens, 1024x768 resolution)	\$225	
Eiki LCD Projector (6,500 Lumens, 1024x768 resolution)	\$450	
Eiki LCD Projector (12,000 Lumens, 1024x768 resolution)	\$700	
<u>VIDEO PLAYERS / RECORDERS</u>		
Blue Ray DVD Player	\$85	
<u>COMPUTERS & ACCESSORIES</u>		
Laptop Computer	\$250	
Computer Speakers	\$35	
Draped Video Cart	\$35	
Tripod Screen: 6', 7', or 8'	\$85	
Large TV Floor Stand	\$75	
<u>TECHNICAL SUPPORT</u>		
Labor (rates charged per hour with one-hour minimum)	\$55	
<p>If you do not see your AV or computer needs listed, please call us at 970-612-2436. Prices include delivery, installation and pick-up at your booth. Prices do NOT include electrical power. ALL PRICES ARE LISTED PER DAY. We require payment in full when order is placed. Please review all policies and procedures included with this order form. NOTE: A representative from your company must be on-site to sign for equipment.</p>		

Items canceled less than 24 hours prior to show move-in will be charged at 100%.

EVENT NAME: CSNA 2020 **EVENT MOVE-IN DATE:** _____

Company: _____ Booth #: _____

Booth Contact: _____ Contact's Phone #: _____

Contact's Email: _____

I hereby authorize the above charges to the **attached credit card authorization form**. I understand that I will be held solely responsible for the payment of said charges.

Signature _____

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ELECTRICAL ORDER FORM

	<u>PREORDER</u>	<u>FLOOR ORDER</u>	<u>CONTINUOUS 24-hour Power</u>	<u>QUANTITY</u>	<u>TOTAL</u>
SINGLE PHASE SERVICES					
(1) 5 AMPS included in booth fee	MUST REQUEST	ENTER AT RIGHT →			
5 AMPS or 500 WATTS (Single outlet)	\$65.00	\$97.50	\$130.00		
10 AMPS or 1000 WATTS (Single outlet)	\$75.00	\$112.50	\$150.00		
15 AMPS or 1500 WATTS (Single outlet)	\$85.00	\$127.50	\$170.00		
20 AMPS or 2000 WATTS (Single outlet)	\$90.00	\$135.00	\$180.00		
30 AMPS or 4,900 WATTS	\$190.00	\$285.00	\$380.00		
100 AMPS or 16,600 WATTS	\$500.00	\$750.00	\$1,000.00		
THREE PHASE SERVICES					
20 AMPS or 8,600 WATTS	\$215.00	\$322.50	\$430.00		
30 AMPS or 11,500 WATTS	\$230.00	\$345.00	\$460.00		
100 AMPS or 14,400 WATTS	\$580.00	\$870.00	\$1,160.00		
200 AMPS or 17,200 WATTS	\$1,160.00	\$1,740.00	\$2,320.00		
ACCESSORIES & LABOR					
6-plug Power Strip	\$15.00	\$22.50			
25' Extension Cord	\$15.00	\$22.50			
Spider Box	\$45.00/day	\$67.50/day			
Labor-Special placement, overhead power, changes or repairs charged in 1-hour minimums.	\$55.00/hour				
			Subtotal:		
Items canceled less than 24 hours prior to show move-in will be charged at 100%.			Add 25 % Service Charge:		
			Add 6.7 % Sales Tax:		
			Balance Due:		

NOTE: For 30 AMP service or higher, customer must supply own connecting cables.

EVENT NAME: CSNA 2020 EVENT MOVE-IN DATE: _____

Company: _____ Booth #: _____

Booth Contact: _____ Contact's Phone #: _____

Contact's Email: _____

I hereby authorize the above charges to the attached credit card authorization form. I understand that I will be held solely responsible for the payment of said charges.

Signature _____

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ICE & WATER ORDER FORM

All orders must be received **10 days** prior to the first contracted show move-in date to qualify for the discount price.
All orders received after the deadline are considered "Floor Orders" and will be assessed a 50% surcharge.

ICE DELIVERY:	# of LBS.	PREORDER \$ per 100 lbs.	SUBTOTAL	25% SC	6.7% TAX	TOTAL
List in increments of 100 lbs.		\$25.00				
WATER DELIVERY:	# of Gallons	PREORDER \$ per gallon	SUBTOTAL	25% SC	6.7% TAX	TOTAL
List in increments of 1 Gallon		\$2.00				

Please provide a date(s) and time(s) that deliveries are required:

Date: _____ Time: _____ Time: _____ Time: _____

Date: _____ Time: _____ Time: _____ Time: _____

Date: _____ Time: _____ Time: _____ Time: _____

EVENT NAME: CSNA 2020 EVENT MOVE-IN DATE: _____

Company: _____ Booth #: _____

Booth Contact: _____ Contact's Phone #: _____

Contact's Email: _____

I hereby authorize the above charges to the **attached credit card authorization form**. I understand that I will be held solely responsible for the payment of said charges.

Signature _____

All prices are subject to and will be charged service charge and tax, currently 25% and 6.7% respectively

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KITCHEN ACCESS

All orders must be received **10 days** prior to the first contracted show move-in date to qualify for the discount price.
All orders received after the deadline are considered "Floor Orders" and will be assessed a 50% surcharge.

	Indicate # of minutes required (list in 30 minute increments)	PREORDER \$ per half hour	PREORDER \$ per hour	SUBTOTAL	25% SC	6.7% TAX	TOTAL
Kitchen Access to Include:							
Oven, Range, Dishwasher, Small Kitchen Wares and General Kitchen Access		\$100.00	\$200.00				

Vendors will only be allowed in the kitchen between 8:00 AM – 11:00 AM. Please provide a date and time that kitchen access is requested:

Date: _____ 1st Preferred Time: _____ 2nd Preferred Time: _____

Date: _____ 1st Preferred Time: _____ 2nd Preferred Time: _____

**** No more than two (2) people from signed-up vendors/booth will be allowed access to kitchen at the same time. ****

ALL VENDORS UTILIZING THE KITCHEN MUST ADHERE TO GUIDELINES ESTABLISHED BY THE LARIMER COUNTY HEALTH DEPARTMENT. FAILURE TO FOLLOW SAFE FOOD PREPARATION AND HANDLING GUIDELINES WILL RESULT IN TERMINATION OF KITCHEN USE PRIVILEGES.

EVENT NAME: CSNA 2020 **EVENT MOVE-IN DATE:** _____

Company: _____ Booth #: _____

Booth Contact: _____ Contact's Phone #: _____

Contact's Email: _____

I hereby authorize the above charges to the **attached credit card authorization form**. I understand that I will be held solely responsible for the payment of said charges.

Signature _____

All prices include service charge and tax, currently 25% and 6.7% respectively.

PLEASE FAX COMPLETED FORMS TO THE EMBASSY SUITES LOVELAND AT: (970) 612-2398

Shipping Instructions and Fees

Inbound Guest Packages - Shipping Instructions

Please follow the recommended label addressing standards, illustrated below, to prevent package routing delays. All packages received by ESL require a release signature before being released from ESL's custody to the intended recipient. Release signatures are captured at the time of package delivery by ESL staff to the recipient. Inbound receiving and applicable delivery fees will be applied on a per package basis, as outlined in the fee schedule below. These fees are applied in addition to any shipping/transportation charges. Please use the name of the recipient whom will be onsite to receive and sign for the package(s). Please do not address your package(s) to the Hotel Staff or a Show Manager as this could cause confusion in package sorting or your package(s) to be delayed.

Please schedule your shipment(s) to arrive 1 - 2 days prior to the event start date.

Event Shipment(s) – Label Standard:	Individual Shipment(s) – Label Standard:
Affix a label with the following information (in addition to the airbill).	Affix a label with the following information (in addition to the airbill)
Embassy Suites Loveland <i>(Event Name) (Arrival Date)</i> Hold for Guest: (Guest Name) (Guest Cell Number) (Guest Company Name) (Meeting Room) (Booth Number) 4705 Clydesdale Parkway Loveland, CO 80538	Embassy Suites Loveland Hold for Guest: (Guest Name) (Arrival Date) (Guest Cell Number) 4705 Clydesdale Parkway Loveland, CO 80538

Outbound Guest Packages - Shipping Instructions

All outbound packages must have a completed carrier airbill affixed to each package. Guests must furnish their own shipping supplies and airbill forms. Outbound packages being picked up by a third party courier should be coordinated in advance with the Embassy Suites Event Manager. Outbound Handling Fees will be applied to all packages, regardless of carrier, in addition to shipping/transportation fees.

Package Handling Fees

Package handling fees may be charged to a guest room, master account, or billed to a credit card. Fees are applied on a per item basis.

Weight Class	Inbound Receiving/Delivery Fee
0.0 – 5.0 lbs.	\$0.00
5.1 – and Over	\$1.00 per lb.
Crate & Pallet	\$1.00 per lb. (\$150 Minimum)

* For inbound/outbound pallets or crates, the receiving and delivery charges are consolidated into a single fee of \$0.99 /lb. (\$150.00 minimum), which is applied to each pallet/crate handled. A Labor Fee of \$72.67 per hour will apply for breaking down pallets, building pallets, or excessive package handling/moving due to a customer's request. The Labor Fee can be charged in 15 minute increments.

Package Storage and Oversize Item Fees

In addition to Package Handling fees, Package Storage Fees will apply to each package received and stored for more than five calendar days. Items measuring over 6.5 feet on all sides are considered oversize and will be assessed an additional Oversize Fee if stored for more than five calendar days.

Days	Storage Fee/Day
1-2 Days	No Charge
3-7 Days	\$25.00 per
8 Days & Over	\$50.00 per

Terms & Conditions: Receiving, delivery and storage charges are payable at the time of delivery. Recipient may be required to present government-issued photo identification and sign for delivery. Shipper must comply with all applicable local, state and federal laws, including those governing packing, marking, labeling and shipping. **OBTAIN FIRE, CASUALTY AND ALL OTHER INSURANCE ON PACKAGE CONTENTS PRIOR TO SHIPPING.** The Hotel does not provide such insurance. The Hotel nor the employees, agents or contractors of the hotel will not be liable for any damages, whether direct or indirect damages, relating to or arising out of any loss or damage to any package or its contents, unless a package is lost after receipt at the Hotel, in which case such liability shall be limited to the lesser of \$100 or the liability of the carrier indicated above. By sending your package to the Hotel, you agree to be bound by any additional terms and conditions that the Hotel may establish from time to time for receiving and delivering of packages.



EMBASSY SUITES®

Loveland - Hotel, Spa & Conference Center

SHIPPING FORM

Weight Class	Inbound Receiving/Delivery Fee	Quantity	Total
0.0 – 5.0 lbs.	\$0.00		
5.1 and Over	\$1.00 per lb.		
Crate & Pallet	\$1.00 per lb. (\$150 Minimum)		
Fork Lift	\$650 per day		
Subtotal:			
6.7 % Sales Tax:			
Balance Due:			

* ESL has two pallet jacks, 48" in length with a 6000 pound rating. If any crate/pallet shipped exceeds 48" in length it is considered oversized and will require a fork lift.

****Fork lifts will need to be ordered from a company of your choosing****

A Labor Fee of \$75 per hour will apply for breaking down pallets, building pallets, or excessive package handling/moving due to a customer's request. The Labor Fee can be charged in 15 minute increments.

EVENT NAME: CSNA 2020 EVENT MOVE-IN DATE: _____

Company: _____ Booth #: _____

Booth Contact: _____ Contact's Phone #: _____

Contact's Email: _____

I hereby authorize the above charges to the **attached credit card authorization form**. I understand that I will be held solely responsible for the payment of said charges.

All prices are subject to and will be charged sales tax, currently 6.7% respectively.

Signature _____

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WELCOME TO THE EMBASSY SUITES LOVELAND

PAYMENT POLICIES

1. **PAYMENT IN FULL** must be rendered on **all** orders when order is placed. **NO EXCEPTIONS!** No service order will be processed without full payment. Exhibitors with outstanding balances from prior shows must satisfy the payment requirement or services will not be provided.
 - All orders must be received ten business days prior to the first contracted show move-in date to qualify for the discount price. All orders received after this deadline will be charged a 50% surcharge.
 - The date received by the Embassy Suites Loveland will determine the applicable rate.
 - All charges incurred during the show must be rendered in full at the time of service.
2. Only cash, credit cards, company checks and money orders, made payable to **Embassy Suites Loveland**, will be accepted for advanced payments.
3. Your on-site representative must be aware of this payment policy and be prepared to make payment upon installation of services.
4. There is a \$25.00 service charge for all returned payments.

SUBMITTING YOUR PAYMENT/ORDER

ALL PAYMENTS MUST BE IN U.S. FUNDS DRAWN ON A U.S. BANK. MAKE CHECK PAYABLE TO: [Embassy Suites Loveland](#)

US Mail/ First Class Mail/Couriers or Overnight Express:

Embassy Suites Loveland
Attn: Accts Receivable
For: Name of booth you are paying for
4705 Clydesdale Parkway
Loveland, CO 80538

Secure Fax To: 970.612.2398

The Exhibitor Services Department will return a confirmation notice of receipt of your faxed order confirmation.

GENERAL BUILDING POLICIES

1. Decorations, signs, banners, and similar materials may not be taped, nailed, stapled or otherwise fastened to ceilings, doors, walls, glass, columns, painted surfaces, fabric or decorative walls.
2. Helium balloons may not be sold or distributed inside the facility. Helium balloons may be approved through your Event Manager for permanent attachment to authorized displays. A deposit may be required prior to installation.
 - a. If helium balloons from an authorized display are released within the facility, labor costs to remove balloons from ceilings or ventilation fans will be charged.
 - b. Helium balloons must not enter the guestroom tower. This is due in part to the fire notification sensors employed in our facility.
3. No pressure-adhesive stickers or decals or similar promotional items may be distributed in the building.
4. Labor costs to remove adhesive stickers and decals will be charged.
5. The **ESL** public elevators are not to be used to transport freight or equipment to rooms in the tower. All equipment and freight should be transported, utilizing the freight elevator and brought in on the docks.
6. Main public entrances into **ESL** may **NOT** be used for loading boxes, freight, or any exhibit materials into our out of the hotel. ALL items must come through the loading dock entrance located on the North side of our building.
7. The **ESL** does not provide furniture or equipment for exhibitors' booths. All arrangement for furniture and equipment for exhibitors should be handled by a general service contractor.

SIGNS / DISPLAYS / DECORATIONS

1. All signs, displays and decorations are subject to the approval of **ESL** and the Loveland Fire Marshal. All signs must be printed in a professional manner.
2. **Handwritten signs are not permitted.**
3. Glitter is not permitted.
4. Confetti, Streamers and Balloon Drops will be subject to a cleaning fee. Fee will be based on length of times it takes to perform 100% removal of these items.
5. Exhibitors and their agents may not shall not distribute, display, or place any handbills, rack cards, business cards, or other advertising devices whatsoever outside their displays or on any vehicles parked on **ESL** property.
6. No combustible materials or decorations may be used. All material must be flameproof
7. Hay bales are strictly prohibited...even if sprayed with fire retardant.
8. No items may extend past the front edge of your booth. If you are on an end, no items are to extend to the side of your booth.
9. All audio, video, film, slide or musical advertising and equipment must be kept at a volume level so as not to interfere with other vendors.
10. Exhibitors must protect the convention facility and property from damage done by the vendor, its employees, representations and agents. Nothing may be tacked, nailed, glued, taped or in any way attached to the hotel or conference center property. The Exhibitor will assume any repair cost incurred to repair such damage.

SMOKING POLICY

11. The **ESL** is a non-smoking facility. No smoking is allowed within 20 feet of building entrances and 60 feet of the loading dock entrance when the roll-up door is open.

FOOD AND BEVERAGE

1. **ESL** has exclusive catering, concession and liquor service rights within the establishment. It is not permissible to bring food or beverages into the **ESL**. Contact the **ESL** Catering Department at 970-593-6200 to order in booth catering.
2. Food and beverage distributed by exhibitors are limited to products manufactured, processed or distributed by the exhibiting firm and are limited to sample size.

SECURITY

1. Hall Security and Individual booth security are the responsibility of Show Management and the Exhibitor. **ESL** is not responsible for lost or stolen items.

RIGGING/SUSPENSION OF LOADS

The **ESL** must approve all rigging/suspension of loads from any part of the facility structure.

2. All signs, banners, and displays suspended from exhibit hall ceilings must be approved in advance and hung by **ESL**.
3. If you are using any part of the facility structure for rigging or the suspension of loads, you must submit to **ESL** two copies of your rigging plot to Exhibitor Services one month prior to move in for **ESL** approval.
4. The rigging plot should conform to the following:
 - a. Name of show, show dates, building location, contact information; and if applicable, the names of the audio, lighting and scenery contractors. Contact information should be printed on the plans.
 - b. Rigging plots must be drawn in 1/16"=1' scale.
 - c. Rigging plots must indicate locations of points, loads for each point, and a legend that explains the use of each point; such as audio, lighting, and scenery.
 - d. Rigging plots must include facility column locations and roof steel locations.
 - e. Call 970.612.2436 for more specific information, requirements, and limitations regarding rigging/suspension of loads at the **ESL**.



After Printing, Fill in the Fields, Sign and FAX. **Do Not Email.**

Credit Card Payment Authorization Form

Please complete all cardholder areas below and submit the signed and dated form to the FAX number listed below. **Do not send the completed form by Email.** This form must be received at least ten (10) days prior to Check-In, or by the date specified within the event contract, to ensure that the credit card is accepted and approved.

For Hotel Use Only:		
Authorized Amount: _____	Approval Code: _____	Date: _____

Cardholder: Please complete the following section. Sign and date at the bottom of this form.

Group / Company Name: _____ Event Date: _____

Name of Person Placing Order: _____ Phone: _____

Cardholder Name Exactly as it Appears on the Credit Card: _____

Cardholder Billing Address: _____

Cardholder Phone #: _____

Credit Card Type: **(Circle One)** Visa MasterCard American Express Discover

Credit Card #: _____ Expiration Date: _____

Credit Card Issuing Bank Name: _____ Phone: _____

I agree to cover, and pay for, the following categories of charges: **(Please circle all that apply):**

ALL CHARGES or SPECIFIC CHARGES AS CIRCLED BELOW:

Exhibit Booth * Equipment Rental * Electrical Services * Internet/WiFi * Freight Handling/Freight Storage Fees *

Vehicle Load-in Fees * Floral & Plant Rental * Food & Beverage * Booth Cleaning * Audio/Visual Charges

I agree to cover, and pay for, the above categories of charges up to a Maximum Amount of: \$ _____

**Note: Charges outlined in your order forms will be charged to your credit card immediately.
Any additional charges added on the show floor will be charged at the time the service is provided.**

Final Balance Billed to the Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" listed.

PLEASE BE SURE TO CORRECTLY CALCULATE THE TOTAL OF YOUR CHARGES

Cardholder Signature: _____ Date: _____

Please Fax Completed Form To: 970-612-2398