



**EMBASSY  
SUITES**  
by HILTON

Hotel - Frisco/Hilton Convention Center & Spa

600 John Q. Hammons Dr. Frisco, TX 75034

# Exhibit Booth Power & Equipment Order Form

Program: \_\_\_\_\_

Date: \_\_\_\_\_ Set up Time: \_\_\_\_\_ Booth # \_\_\_\_\_

End Day \_\_\_\_\_ End Time: \_\_\_\_\_

Questions: Contact: Bryan Kennedy or Cedric Daniels  
E-mail: [bryan.kennedy@JQH.com](mailto:bryan.kennedy@JQH.com) or [cedric.daniels@JQH.com](mailto:cedric.daniels@JQH.com)  
Phone 972.963.9179 or 972-963-9204:

**Fax Exhibit Forms to Accounting Dept.: 972-624-6612**

## EXHIBIT POWER/INTERNET ORDER

## EXHIBIT EQUIPMENT ORDER

### Extension Cord and Power Strip Section 1

	Advanced Order Rate	On-site Order Rate	Qty.	TOTAL
<u>Section 1</u>				
15 - 20 Amps	\$40.00	\$60.00	_____	_____
50 Amp Power Drop	\$150.00	\$200.00	_____	_____

The above power includes an Extension Cord and Power Strip

### Additional Power Strips

	Advanced Order Rate	On-site Order Rate	Qty.	TOTAL
6- Outlet Power Strip	\$20.00	\$25.00	_____	_____

### Internet - WI-FI

	Advanced Order Rate	On-site Order Rate	Qty.	TOTAL
Single Connection				
One Device	\$25.00	\$50.00	_____	_____
Additional Connection	\$10.00	\$25.00	_____	_____
Wired Connection	\$75 each	\$125/each	_____	_____

### Section 2

	Advanced Order Rate	On-site Order Rate	Qty.	TOTAL
3 Phase				
100 Amp, 3 Phase Service	\$350.00	\$600.00	_____	_____
100 Amp Distro Power Box	\$100.00	\$200.00	_____	_____
200 Amp, 3 Phase Service	\$650.00	\$800.00	_____	_____
200 Amp Distro Power Box	\$200.00	\$300.00	_____	_____

Prices above do not include feeder cable  
Please call if you require feeder cable

3 Phase power must be installed by hotel electrician \_\_\_\_\_

Electrician Installation & Dismantling Labor for Section 2 Only \$100 per hr 2 \_\_\_\_\_  
2 hour minimum

### Contact Information (Credit Card Billing Address)

Company Name: \_\_\_\_\_

On-Site Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

State & Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Customer Signature: \_\_\_\_\_

### Computer Display Equipment

	Advanced Order Rate	On-Site	Qty	Days	TOTAL
20" Flat Screen Monitor w/Table Stand	\$200.00	\$275.00	_____	X _____	_____
32" LED TV w/Table Stand	\$320.00	\$600.00	_____	X _____	_____
55" LED TV w/Floor Stand	\$550.00	\$650.00	_____	X _____	_____
70" LED TV w/ Floor Stand	\$700.00	\$950.00	_____	X _____	_____
Laptop Computer	\$225.00	\$425.00	_____	X _____	_____
DVD Player	\$100.00	\$150.00	_____	X _____	_____
LCD Projector	\$350.00	\$450.00	_____	X _____	_____
AV Cart	\$30.00	\$40.00	_____	X _____	_____
Tripod Screen	\$80.00	\$90.00	_____	X _____	_____
Client Owned Projector Package*	\$200.00	\$225.00	_____	X _____	_____
Poster Easel	\$20.00	\$40.00	_____	X _____	_____
Flipchart Easel	\$40.00	\$60.00	_____	X _____	_____

\*Includes screen power and tech support

### Audio Equipment

	Advanced Order Rate	On-Site	Qty	Days	TOTAL
Anchor Powered System w/ Stand	\$105.00	\$125.00	_____	X _____	_____
House Sound Patch/Audio Mixer	\$100.00	\$200.00	_____	X _____	_____
Wired Microphone (Hand Held)	\$50.00	\$65.00	_____	X _____	_____
Wireless Mic (Hand Held or Lapel)	\$150.00	\$165.00	_____	X _____	_____
CD Player	\$55.00	\$75.00	_____	X _____	_____

### Lighting & Rigging Services

LED Up Light	\$80.00	\$100.00	_____	X _____	_____
Banner Setup/Teardown	Call for Details				
Ladder	\$100				
26ft Scissor Lift	\$750/week		Qty. _____		

(Your Company must have \$1M in liability insurance to operate lift)

### Total Charges

Equipment Total Charge \_\_\_\_\_

Total Power Labor Charge  
(for power ordered in Section 2) \_\_\_\_\_

Total Equipment Charge \_\_\_\_\_

24% Hotel Service Charge \_\_\_\_\_

8.25% Sales Tax \_\_\_\_\_

Grand Total \_\_\_\_\_

**Please complete the credit card authorization form: and fax to  
Accounting Department Fax at 972-624-6612**



After Printing, Fill in the Remaining 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 five (5) days prior to Check-In, or by the data specified within the event contract, to ensure that the credit card is accepted and approved.

Please Fax Completed Form To: 972-624-6612 Attention: Accounting

**For Hotel Use Only:**

Authorized Amount: \_\_\_\_\_ Approval Code: \_\_\_\_\_ Date: \_\_\_\_\_

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

Guest / Group Name: \_\_\_\_\_ Check-In / Event Date: \_\_\_\_\_

Name of Person Making Reservation: \_\_\_\_\_ Phone: \_\_\_\_\_

Cardholder Name Exactly as it Appears on the Credit Card: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

Daytime / Business Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Credit Card Type: (Circle One)  
 Visa      MasterCard      American Express      Discover      JCB      Diners Club

Credit Card Number: \_\_\_\_\_ 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    Room & Tax    Food & Beverage    Catering    Liquor    Paid Movies    Valet Parking    Standard Parking  
 Laundry    Gift Shop    Spa Services    Spa Retail    Recreation    Long Distance Phone    Local Phone    Federal Express

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

**Direct Bill Account Payments Only:**

Name on Invoice / Statement: \_\_\_\_\_ Date on Invoice / Statement: \_\_\_\_\_

Invoice / Statement Number: \_\_\_\_\_ Authorized Amount: \$ \_\_\_\_\_

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of Check-Out.**

Amount to be immediately charged to credit card for room and taxes or deposit: \$ \_\_\_\_\_

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

By signing below, you irrevocably authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" listed above. You further acknowledge that if "all charges" has been selected, then all guest / group related charges (less Deposit) will be charged to the above card number at the time of Check-Out or event conclusion.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_