

EXHIBITOR UTILITY CHARGES AND AVAILABILITY

FAX TO: SIHCC; (919) 941-2958
Mail To: SIHCC, Catering Department
 P.O. Box 13099
 RTP, NC 27709

Exhibitor Information

Name of Exhibitor: _____
 Exhibitor's Address: _____
 City _____ State ____ Zip ____
 Booth Number: _____

Name of Convention: _____

Date: _____

Date of Set-Up: _____

Exhibitor's Phone # _____

Time of Set-Up: _____

Dear Exhibitor: Please indicate below the services you will require for the upcoming convention. The Convention Services Department may not be able to fulfill your request if this form is not completed and returned at least one week prior to your function. **A late charge of \$25.00 will be applied to requests not received one week prior to your function.**

Note: The Sheraton Imperial Hotel and Convention Center assumes no liability for any failure of electrical current, supply or output; and makes no warranties that the electrical sources located at the convention center are suitable for any particular purpose.

Electrical Availability
(Please list quantity of outlets needed)

110 Volt (20 amp) _____	\$25.00 + 7.75% tax per day per outlet _____
208 Volt (single phase) _____	\$50.00 + 7.75% tax per day per outlet _____
208 Volt (3 phase) _____	\$75.00 + 7.75% tax per day per outlet _____
8 circuit spider box _____	\$150.00 + 7.75% tax per day per outlet _____
Electrician charge _____	\$ 20.00 per hour _____

For additional electrical requirements, please contact the Convention Services Department.

Phone Lines

Orders for telephones must be placed (1) week prior to the convention.

_____ **Direct Dial-Out Line.....\$175.00 + 7.75% tax per line** _____
 _____ **House Phones...\$25.00 + 6.75% tax per hotel extension, plus phone charges** _____
 _____ **High speed internet access.....\$35.00 + 7.75% tax per line** _____

Individual Payment

To Guarantee order, please provide company credit card or attach company check made payable to the Sheraton Imperial Hotel & Convention Center. Please reference booth number and convention name on the check. Payment is due in full at time of function.

 (Type of Credit Card)

 (Credit Card Number)

 (Authorized Signature)

 (Expiration Date)