

EVENT NAME: \_\_\_\_\_  
 BOOTH NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 COMPANY NAME: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

FOR OFFICE  
 USE ONLY EVENT ID: \_\_\_\_\_  
 DATE RECEIVED: \_\_\_\_\_

**NOTE: To take advantage of the "Pre-Order" rate, orders must be Paid In Full Ten (10) Business Days Prior to First Move-In date.**

SECTION (A) NON-TAXABLE ITEMS	PRE-ORDER RATE	ON-SITE RATE	TOTAL
<u>LOW POWER</u>			
_____ 120 Volts up to 1000 Watts	\$62.00	\$72.00	\$ _____
_____ 120 Volts up to 2000 Watts	\$85.00	\$95.00	\$ _____
<u>HIGH POWER</u>			
_____ 20 Amp, 208 Volt Single Phase Service	\$100.00	\$110.00	\$ _____
_____ 30 Amp, 208 Volt Single Phase Service	\$125.00	\$135.00	\$ _____
_____ 30 Amp, 208 Volt Three Phase Service (30 Amps or less)	\$175.00	\$185.00	\$ _____
_____ 30 Amp, 480 Volt Three Phase Service (30 Amps or less)	\$180.00	\$190.00	\$ _____
<b>SPECIAL POWER (For special requests, contact Customer Service prior to submitting written request.)</b>			
_____ 208 or 480 Volt or Single Phase greater than 30 Amps (per Amp)	\$4.00	\$4.50	\$ _____
_____ 208 Volt Three Phase greater than 30 Amps (per Amp)	\$5.00	\$5.50	\$ _____
_____ 480 Volt Three Phase Service greater and 30 Amps (per Amp)	\$8.00	\$8.50	\$ _____
SUB-TOTAL FOR NON-TAXABLE ITEMS (SECTION A ONLY)			\$ _____
<b>SECTION (B) TAXABLE ITEMS</b>			
<u>ACCESSORIES</u>			
_____ Extension Cord (each)	\$10.00	\$13.00	\$ _____
_____ Multi-Tap Box	\$15.00	\$18.00	\$ _____
_____ Adapter for "Non-Nema" Plugs and Receptacle	\$15.00	\$18.00	\$ _____
SUB-TOTAL FOR TAXABLE ITEMS (SECTION B ONLY)			\$ _____
6.75% Sales Tax (SECTION B ONLY)			\$ _____
<b>GRAND TOTAL DUE:</b>			<b>= \$ _____</b>

**Please complete the attached Credit Card Authorization & Payment Form and submit with your order forms.**

1. Rates quoted cover bringing of service to back of booth and does not include connection your equipment. 2. All wiring or electrical work on exhibitor's display is charged on a time and materials basis.
3. Tagging of equipment for proper voltage, phase, and special connections requirements is exhibitor's responsibility. 4. Exhibitors using sensitive electronic equipment should provide their own power conditioning equipment.
5. John S. Knight Center is not responsible for voltage or frequency variances. 6. Any motor 1/2 horsepower or larger must have a safety switch.

**PRICES ARE BASED ON CURRENT RATES AND ARE SUBJECT TO CHANGE WITHOUT NOTICE**

**CREDIT CARD AUTHORIZATION & PAYMENT FORM**  
IF FAXING, PLEASE DO NOT DUPLICATE BY MAILING THE COPIES



**EMAIL TO: orders@visitakron-summit.org**

or

**MAIL TO: John S. Knight Center**

Attention: Finance Department

77 East Mill Street, Akron, OH 44308

Telephone - 330.374.8900 Toll Free - 800.245.4254 Fax - 330.374.8825

www.johnsknightcenter.org

I, the undersigned cardholder, give the John S. Knight Center, Akron, OH, USA authorization to charge my credit card for the amount totaling \$ \_\_\_\_\_ (US Currency).

**IMPORTANT CONDITIONS AND REGULATIONS**

**PAYMENT NOTICE:**

1. PRE-ORDER RATES APPLY ONLY TO ORDERS RECEIVED AND PAID IN FULL 10 BUSINESS DAYS PRIOR TO THE FIRST SCHEDULED MOVE-IN DAY.
2. ON-SITE RATES must be paid at move-in for all other orders. NO EXCEPTIONS.
3. ALL ORDERS MUST BE PAID IN FULL WITH U.S. FUNDS BY OPENING OF FIRST DAY OF EVENT.
4. A minimum \$30.00 fee will be charged for each Returned Check.

**CONDITIONS FOR PROCESSING SERVICE ORDER FORMS**

1. Payment in FULL, IN U.S. FUNDS must accompany service order form.
2. All information must be completed in full for order to be processed. Incomplete forms delay processing which results in delayed service installation.
3. State Sales Tax will be charged on every taxable order that is not submitted with a completed Certificate of Exemption Form.
4. No Service will be installed until payment is received.
5. Cancellations: Refunds will be computed as follows:
  - 1) After installation – NO REFUND
  - 2) Refunds will be given on pre-orders up to 3 days prior to move-in of event

**To be completed by Cardholder:**

Please complete all areas below. **Incomplete requests will be rejected and orders will not be processed.** The Center reserves the right to decline acceptance of any card-not-present transaction at its discretion.

Corporate Card  Personal Card

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

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_

Country: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check One:  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

CID Number: \_\_\_\_\_ Visa/MC/Disc: Last 3 digits located on card back in signature panel Amex: 4-digit number located on card front right

Typed Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_