

ELECTRICAL SERVICE/EQUIPMENT REQUEST

Day of Function_____ Date of Function_____

Group (Meeting) Name_____

Group Address_____

Group Contact_____ Phone Number (____) _____

Fax Number (____) _____

BILLING INFORMATION

It is the responsibility of the Group Contact to collect fees from each vendor. The Hotel will bill one total charge to the Group.

Vendor Company Name_____

Vendor Address_____

Vendor Phone (____) _____ Vendor Fax (____) _____

Vendor Contact Signature_____

Credit Card Number_____

ELECTRICAL INFORMATION

110 Volt, 120 Volt, 15 or 20 AMPS_____needed @\$15.00 Ea.

208 Volt-1 Phase_____AMPS_____needed @ \$50.00 Ea.

208 Volt-3 Phase_____AMPS_____needed @ \$75.00 Ea.

How many Quad Boxes are needed @ \$20.00 Ea._____

Disconnects 60 AMP_____How many Spider Boxes are needed @ \$75.00 Ea._____

Disconnects 100 AMP_____How many Spider Boxes are needed @ \$100.00 Ea._____

Feeder Cable_____How many Feet are needed @ \$1.00 a Foot_____

Extension Cord_____How many and what length needed @ \$15.00 Ea._____

Multi-Person Scissor Lift_____ \$50.00 Per Hour/Per Person

Hanging Banner_____ \$20.00 Per Hour (1 Hour Minimum)

Rigging Fees_____ \$128.00 Per Hour Tech Fee_____ \$35.00 Per Hour (4 Hour Minimum)

Phone Lines_____ \$30.00 Per Line DSL Lines_____ \$90.00 Per Line

Hub for additional lines_____ \$125.00 Per Hub Skirted 6' Table with 2 Chairs_____ \$20.00 Ea.

Additional comments about what will be needed _____

NOTE: REQUEST WILL NOT BE FILLED WITHOUT PAYMENT

Please complete the form including payment information to Life Events Media Lisa Banasiewicz via fax to 574-217-8698 or email at lisa@weddingday-online.com

FOR HOTEL USE ONLY

Date Received _____ Installed By _____ Total Charges _____

Date Bill Processed _____ Notes _____

BEO # _____ Catering Manager _____