

## Electrical Service Form

For Questions Please Contact our Event Service Department at 716-278-2100.

Please return this form with your payment

<b>ELECTRICAL SERVICE</b>			
<b>(All services are provided exclusively by The Conference &amp; Event Center Niagara Falls)</b>			
Qty	Description	ADVANCED PER DAY/PER OUTLET	ONSITE PER DAY/PER OUTLET
	120-Volt Single-Phase Service (0-500 Watts)	\$65.00	\$85.00 per outlet
	120-Volt Single-Phase Service (501-1000 Watts)	\$72.50	\$102.00
	120-Volt Single-Phase Service (1001-1500 Watts)	\$80.00	\$110.00
	120-Volt Single-Phase Service (1501-2000 Watts)	\$87.50	\$117.50
	208-Volt Single-Phase Service (20 Amps)	\$130.00	\$160.00
	208-Volt Single-Phase Service (30 Amps)	\$145.00	\$175.00
	208-Volt Single-Phase Service (60 Amps)	\$210.00	\$240.00
	208-Volt Single-Phase Service (100 Amps)	\$308.00	\$338.00
	Extension Cords	\$10.00	\$15.00
	Power strip	\$15.00	\$20.00
		<b>Total-Electrical \$ _____</b>	
		<b>Sales Tax (8%) \$ _____</b>	
		<b>Overall Total \$ _____</b>	

**Event:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Booth #:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH YOUR PAYMENT**

For payment by credit card: We will be glad to accept your credit card information via fax or over the phone. (Please DO NOT e-mail; for your safety we will no longer accept charge authorization forms via e-mail.)

*Phone: (716) 278-2100 Fax: (716) 278-0008*  
*Mailing Address: 101 Old Falls Street, Niagara Falls, NY 14303*

Complete the information requested below and return this form with your order(s). Please print or type.

COMPANY NAME \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ORDERED BY \_\_\_\_\_ DATE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

Print Name as it appears on the card: \_\_\_\_\_

Signature as it appears on the card: \_\_\_\_\_

By signing above I am authorizing the Conference & Event Center Niagara Falls to charge my card for the following:

**Electric Total:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Booth #:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PLEASE DO NOT SEND A COPY OF YOUR CREDIT CARD WITH THIS FORM**

FOR YOUR SECURITY - Please ONLY fill out credit card information if you intend to FAX this information to (716) 278-0008. PLEASE DO NOT EMAIL ANY CREDIT INFORMATION, as we will be happy to accept your credit card number by telephone.

Visa      MC      American Express      Discover

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV CODE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_