



500 East 4th Street, Austin, Texas 78701
Phone: (512) 482-8000 Fax: (512) 682-2789

Electrical & Rigging Service Form

PLEASE RETURN A MINIMUM OF TEN DAYS PRIOR TO THE SCHEDULED MOVE-IN DATE OR AN ADDITIONAL 25% LATE FEE WILL APPLY
FOR VERIFICATION ORDER HAS BEEN RECEIVED PLEASE CONTACT EVENTS AT 512-682-2700
FINALIZED FOLIO WILL BE SUBMITTED TO CONTACT INFORMATION PROVIDED BELOW UPON THE CONCLUSION OF THE CONFERENCE

Client Name:	_____	Event Name:	_____
Telephone:	_____	Dates:	_____
Email:	_____	Client On-Site Contact:	_____
Meeting Room:	_____	Booth #:	_____
Set-Up Date(s):	_____	Time:	_____

Electrical Charges

Quantity	Item	Rate	# Days	Total \$
	20 amp/120V outlet – per day	\$85.00		
	20 amp/208V, single phase – Day 1	\$125.00		
	20 amp/208V, single phase – each per additional day	\$90.00		
	20 amp/208V, three phase – Day 1	\$200.00		
	20 amp/208V, three phase – each per additional day	\$100.00		
	30 amp/120V outlet – per day	\$130.00		
	30 amp/208V, single phase – Day 1	\$175.00		
	30 amp/208V, single phase – each per additional day	\$125.00		
	30 amp/208V, three phase – Day 1	\$200.00		
	30 amp/208V, three phase – each per additional day	\$150.00		
	60 amp/208V, three phase – Day 1	\$255.00		
	60 amp/208V, three phase – each per additional day	\$205.00		
	100 amp/208V, three phase – Day 1	\$675.00		
	100 amp/208V, three phase – each per additional day	\$425.00		
	200 amp/208V, three phase – Day 1	\$995.00		
	200 amp/208V, three phase – each per additional day	\$475.00		
	400 amp/208, three phase – Day 1	\$1,400.00		
	400 amp/208, three phase – each per additional day	\$1,000.00		
	Extension Cord – Flat Fee	\$50.00	N/A	
	Power Strip – Flat Fee	\$50.00	N/A	
	Subtotal			

Note that day one charges above include a one time installation fee for the designated circuits.

A dedicated quad box allows maximum output of 2000 watts, 120 volts

Banner Hanging

_____ hours @ \$40.00 hour/per man = _____
(Minimum of 1 hour)

Rigging Points

(Coordinate with PS-AV Representative)
_____ @ \$75.00 per point = _____

Total:	\$ _____
25% Late Fee:	\$ _____
Sales Tax (8.25%):	\$ _____
NOTE: TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION MUST BE SUBMITTED FOR EXEMPTION	
Grand Total:	\$ _____



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Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. Do not send completed form by email.

FAX COMPLETED FORM TO: 512-682-2789

ATTN: Event Services Department

PHONE: (512) 682-2700

HOTEL USE ONLY:

Date: _____

Authorized Amount:	Approval Code:	Date:
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CARDHOLDER - Please complete the following section and sign/date below.

Guest / Group Name:				
Check-In / Event Date:				
Name of Person/Group Making Reservation:		Phone:		
Cardholder Name as it Appears on Credit Card:				
Cardholder Billing Address:				
City:		State:	Zip:	
Daytime /Business Telephone:			Evening Telephone:	
Credit Card Number:			Expiration Date:	
Credit Card Type: (Circle one) Visa/MasterCard American Express Discover JCB Diners Club				
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):		
I agree to cover the following categories of charges: (Please circle) All Charges Room & Tax Food & Beverage <u>IT/Electrical/AV</u> Retail Recreation				
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____				
DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)				
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 Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated 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: _____

