

Rev. September 2014

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ELECTRICAL & UTILITY SERVICES

Customer or Firm Name: Mailing Address:	FORM Event Date: Event/Show Name: _		
City, State, Postal:			_
Authorized Contact Name:	Phone:	Booth #	
Authorized Signature:	Fax:		
Email Address:			

See terms and conditions below for additional information to receive pre-order rates.

ŶŢĂ	ltem	Pre-order Rate	Floor Rate	# Days	3-Day Pre-order Rate	3-Day Floor Rate	Total
	120vac						
	20 amp (up to 2000w)	\$80.00	\$100.00		\$200.00	\$250.00	\$
	208v 1 phase						
	20 amp	\$125.00	\$200.00		\$325.00	\$500.00	\$
	30 amp	\$200.00	\$300.00		\$500.00	\$750.00	\$
	60 amp	\$400.00	\$500.00		\$1,000.00	\$1,300.00	\$
	100 amp	\$500.00	\$600.00		\$1,300.00	\$1,500.00	\$
	208v 3 phase						
	30 amp	\$350.00	\$500.00		\$900.00	\$1,300.00	\$
	60 amp	\$650.00	\$850.00		\$1,600.00	\$2,300.00	\$
	100 amp (cams or tails)	\$800.00	\$1,300.00		\$2,000.00	\$3,500.00	\$

Subtotal	\$
Tax (8%)	
Total	\$

QTY	Additional Services	Pre-Order Rate	Outside 14 Day Rate	Floor Rate	Total
	Extension Cord or Power Strip			\$10.00	\$
	Water: Fill and drain service per 500 gal (std. hose bibb connection)	\$100.00		\$125.00	\$
	Compressed Air: (1/4" & 1/2" quick connect)	\$50.00		\$100.00	\$
		•		Subtotal	\$
				Tax (8%)	
				Total	\$

QTY	Services	Rate	Total
	Labor (per hour) - one hour minimum labor required to direct wire (hard wire) appliances	\$35.00	\$
	Lift with operator (per hour) - two hours minimum required	\$35.00	\$
	Electrician (per hour) – one hour minimum required	\$60.00	\$

All Rates are per day. Pre-order rate is 14 days or more in advance. Pre-order rates will apply and be accepted on-line by email, scan or fax up to 14 days prior to the event start time. No phone or verbal orders will be accepted. An order is not confirmed until the person placing the order has received written confirmation back from the Convention Center Staff via fax or email. Any orders made less than 14 days in advance will be subject to floor rates. A 3-day rate is available as pre-order and floor rate. Return completed form to Tonya.Jones@AugustaMarriott.com

Payment Information: make checks payable to: Augusta Marriott at the Convention Center.				
CC:	Exp:CVV (3 digit code on the back):			
	Personal CC Company CC Check Cash			
Billing Address:	Amount authorized to be charged:			
Print Name:	Signature:			
Hotel Room #	Booth #			