

(202)328-2000
 Ext. 2787
 Fax: (202) 387-5386

Marriott Wardman Park Hotel
RETURN COMPLETED FORM TO:
MARRIOTT WARDMAN PARK HOTEL
EXHIBITS DEPARTMENT
2660 WOODLEY ROAD, NW
WASHINGTON, DC 20008

EXHIBITOR SERVICES
 ORDER FORM
 FOR COPIES OF YOUR FINAL INVOICE,
 PLEASE CALL GUEST CORRESPONDENCE AT
 1-866-435-7627

ALL CHARGES MUST BE PREPAID IN ORDER FOR SERVICE TO BE INSTALLED

NAME OF SHOW: _____ SHOW DATE: _____
 COMPANY: _____ BOOTH #: _____

| ELECTRICAL BASIC SERVICES | | | | |
|---|-----------------|---------------|-----|---------|
| STANDARD ELECTRICAL SERVICE 120 VAC/CYCLE 60 | | | | |
| SERVICE | DISCOUNT RATES* | REGULAR RATES | QTY | TOTAL |
| 1000 WATTS/10 AMP | \$100.00 | \$125.00 | | |
| 2000 WATTS/20 AMP | \$150.00 | \$180.00 | | |
| SURGE PROTECTOR | \$30.00 | \$50.00 | | |
| EXTRA CORDS | \$30.00 | \$50.00 | | |
| INSTALL & REMOVAL FEE** | \$25.00 | | 1 | \$25.00 |
| TOTAL | | | | |
| ADDITIONAL WATTAGE WITH MULTI-PHASE, CEILING SPOTS, AND CABLE T.V. MAY BE AVAILABLE. PLEASE CALL FOR AVAILABILITY AND PRICING. FOR YOUR PROTECTION PLEASE PROVIDE A SURGE PROTECTOR ON ALL COMPUTERIZED EQUIPMENT AND ELECTRONIC MACHINERY. | | | | |
| *DISCOUNT RATES AVAILABLE UP TO 2 WEEKS (14 DAYS) PRIOR TO SHOW DATES AFTER WHICH REGULAR RATES APPLY. | | | | |
| **FIXED LABOR FEE PER BOOTH FOR THE INSTALLATION AND REMOVAL OF YOUR ELECTRICAL BASIC SERVICE. | | | | |
| <i>MARRIOTT WARDMAN PARK IS NOT RESPONSIBLE FOR VOLTAGE FLUCTUATIONS OR POWER FAILURE OF TEMPORARY CONDITIONS. NO VERBAL ORDERS ARE ACCEPTED. NO CREDITS FOR UNUSED SERVICES. ORDERS WILL NOT BE PROCESSED WITHOUT BOOTH NUMBER AND VALID FORM OF PAYMENT. POWER IS LOCATED IN THE MOST CONVENIENT LOCATION UNLESS ACCOMPANIED BY A FLOOR PLAN. PRE-ORDERS ARE GUARANTEED TO BE INSTALLED PRIOR TO SHOW OPENING. THERE WILL BE NO REFUNDS ONCE SERVICE HAS BEEN RENDERED. PRICES SUBJECT TO CHANGE WITHOUT NOTICE. ALL ELECTRICAL ORDERS SHALL BE INSTALLED IN ACCORDANCE WITH NEC CODE AND PERFORMED SOLELY BY IN-HOUSE LICENSED ELECTRICIANS.</i> | | | | |

SPECIAL INSTRUCTIONS: _____

CONTACT INFORMATION
 (PLEASE PRINT)

NAME: _____ E-MAIL: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____

CREDIT CARD INFORMATION***

MASTER CARD VISA AMEX DISCOVER

ACCOUNT NUMBER: _____
 EXPIRATION DATE: _____ / _____

 CARDHOLDERS NAME (PLEASE PRINT)

X _____
 CARDHOLDERS SIGNATURE

 DATE

***Please be aware to ensure that all payment methods are received securely no orders may accepted via email and they must be either faxed or mailed to the above address.