

Please return signed form to fax#703-253-8687

EXHIBITOR FORM

Conference: _____ Exhibitor Co. Name: _____

Contact: _____ Phone #: _____ Email: _____

Meeting Room Name: _____ Setup Date: _____ Time: _____

Teardown Date: _____ Time: _____

QTY	EQUIPMENT/SERVICE	COST	Subtotal	# Days	Total
PHONE					
	House Telephone (inside Hotel calls only), per day	\$ 50.00*			
	Telephone with outside Line, 1 st day *(Plus Calls)	\$150.00*			
	Telephone with outside Line, additional days	\$ 50.00*			
INTERNET					
	Wired/Wireless Internet - 1 user, per day	\$30.00*			
	Wired/Wireless Internet up to 10 users, per day	\$300.00*			
	Wired/Wireless Internet up to 25 users, per day	\$500.00*			
	Wired/Wireless Internet up to 50 users, per day	\$1000.00*			
	Wired/Wireless Internet up to 75 users per day	\$1500.00*			
	Wired/Wireless Internet up to 100 Users	\$2000.00*			
	Static IP Address, per address	\$ 20.00*			
	Network Port Connections – Special Setups	\$ 50.00*			
	Custom Configurations – One Time Setup Fee	\$100.00*			
	8 Port Switch Rental, per day	\$ 50.00*			
	16 Port Switch Rental, per day	\$100.00*			
POWER					
	Power ran to Booth	\$45.00**			

* plus 6% sales tax

**plus 6% sales tax and 23% service charge

Box Shipping & Receiving:

In-Bound – due to limited space boxes should not be shipped to the Hotel sooner than 3 days prior to your event. Crates/Pallets will not be accepted due to limited space. All Crates/Pallets must be broken down and trash removed by delivery company.	
Pricing:	
0 to 5 Pounds =	\$5.00
6 to 20 Pounds =	\$10.00
21 to 50 Pounds =	\$15.00
Over 50 Pounds =	\$25.00
Outbound - \$10.00 per Box Handling Fee	

All exhibitor payments **must** be made via credit card – the credit card will be charged **72 hours prior** to the event start date. Please fill out the attached credit card authorization form and return with your order form. Bills will be sent to email address above. All forms must be submitted to the group contact and sent as a group to the hotel CS Manager at least 2 submitted forms will be addressed directly with the exhibitor contact provided on the form. NOTE: **ALL SERVICE REQUEST MADE THE DAY OF EVENT WILL BE ASSESSED AN ON SITE FEE OF \$75.00**

Agreed & Signed by _____

Date _____