



# GATEWAY CENTER

Send Completed Forms to:

One Gateway Drive

Collinsville, IL 62234

P. 618.345.8998

F. 618.345.9024

www.gatewaycenter.com

Orders must be Postmarked 10 days Prior to Move-In to Receive Advance Rates

## Exhibitor Service Order Form

Electrical Services					
110 Volt	Quantity	Number of Outlets	Advance Rate	Floor Rate	Total
0-500 Watts			\$35.00	\$50.00	
501-1000 Watts			\$45.00	\$60.00	
1001-1500 Watts			\$55.00	\$70.00	
1501-2000 Watts			\$65.00	\$80.00	
<b>Subtotal</b>					\$

Information Technology			
	Advance Rate	Floor Rate	Total
Telephone Line	\$95.00	\$120.00	
High Speed Internet Patch Fee	\$160.00 First Day	\$185.00 First Day	
Wireless Internet**	\$160.00 First Day	\$185.00 First Day	
Additional Day	\$50.00	\$50.00	
<b>Subtotal</b>			\$

\*\*Hourly rates are available.\*\*

<i>The below orders require an electrician at prevailing rates.</i>				
220 Volt	Quantity	Advance Rate	Floor Rate	Total
1000 Watts - Single Phase		\$70.00	\$85.00	
2000 Watts - Single Phase		\$75.00	\$90.00	
3000 Watts - Single Phase		\$80.00	\$95.00	
1000 Watts - Triple Phase		\$85.00	\$100.00	
2000 Watts - Triple Phase		\$90.00	\$105.00	
3000 Watts - Triple Phase		\$95.00	\$110.00	
<b>Subtotal</b>				\$
Add 25% of electric subtotals for 24 hour service.				\$
<i>Electrician Rates</i>	Per Hour	Hours	*4 hr. minimum required	
Regular time	\$80.00			
Overtime	\$120.00			
Double Time	\$165.00			
<b>Grand Total for Electric</b>				\$

\*Must call Gateway Center to schedule connect/disconnect times.

Event Information	
Event Name	<b>AFCEA Mid-America TechNet 2008</b>
Event Dates	<b>July 21-23, 2008</b>
Company Name	
Contact Person	Booth Number
Address	
City	State Zip
Phone	Fax
E-mail	

Exhibitor Equipment			
	Quantity	Rate	Total
Table (6' or 8')		\$8.00	
Table Skirting		\$13.00	
Table Linen		\$4.00	
Chair		\$2.50	
3'(h)x10'(l) pipe & drape		\$15.00	
8'(h)x10'(l) pipe & drape		\$15.00	
Wastebasket		\$1.50	
Storage (per 100 lbs.)		\$10.00	
Water Service	Call for Quote		
<b>Subtotal</b>			\$

**Services Total** \$

Payment Information	
<b>Payment Must Accompany Order</b>	
<b>Advance Orders Take Priority</b>	
Cash Check MC Visa AMEX	
CC #	
Exp. Date	
Cardholder (print):	
Signature:	