



Wisconsin Expo, Inc.
 N113 W18750 Carnegie Drive
 Germantown, WI 53022
 262.670.1300 | orders@wi-expo.com

**ELECTRICAL SERVICE
 ORDER FORM**

**INCLUDE THE WI EXPO PAYMENT
 AUTHORIZATION FORM WITH YOUR
 ORDER DUE JANUARY 4, 2017**

QTY	SERVICE	ADVANCE PRICE	STANDARD PRICE	TOTAL
	500 watt A-C outlet, 110 volts	\$55.00	\$70.00	
	1000 watt A-C outlet, 110 volts	\$75.00	\$95.00	
	1500 watt A-C outlet, 110 volts	\$85.00	\$99.00	
	2000 watt A-C outlet, 110 volts	\$90.00	\$115.00	
	150 watt spotlight*	\$30.00	\$40.00	
	Extension cord*	\$15.00	\$25.00	
	Power strip*	\$15.00	\$25.00	

Subtotal \$ _____
Sales Tax 5.5% \$ _____
Total \$ _____

*** You must order electrical service to select these items.**

All electrical orders must be received 10 days in advance. Wall outlets are not to be used by the exhibitor and are not part of the booth space. All orders are subject to availability of power available on site. Charges include installation and removal. All equipment is provided on a rental-only basis.

Please call for quotation on special requirements and/or hook ups.

NAME OF SHOW: INTERNATIONAL PERFORMING ARTS FOR YOUTH / JANUARY 18-21, 2017

COMPANY NAME: _____ **BOOTH #:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

ORDERED BY: _____ **SIGNATURE:** _____ **DATE:** _____

Send form & payment to: Wisconsin Expo, Inc.
 N113 W18750 Carnegie Drive | Germantown, WI 53022
 Phone: 262.670.1300 | Fax: 262.670.1360 | Email: orders@wi-expo.com

**WISCONSIN EXPO, INC.
PAYMENT AUTHORIZATION FORM**



**2017 International Performing Arts for Youth
January 18-21, 2017
Madison Concourse Hotel – Madison, WI**

Dear Exhibitor,

To guarantee the services you desire, please fax your order along with the completed credit card authorization form below. We accept checks (payable to Wisconsin Expo, Inc.) or credit cards for payments. To keep expenses manageable, for all parties concerned, we prefer payment by company check. Please indicate your intentions below:

Yes, we will be mailing a check, along with order(s), to arrive on or before **January 18, 2017**.
Please do not process the credit card information listed below.

No, we prefer to pay for the indicated services with the credit card information provided.

CREDIT CARD AUTHORIZATION FORM



Company Name: _____ Booth #: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

American Express MasterCard Visa

Card Number: _____

Expiration Date: _____ / _____ Card Security Code: _____

Cardholder's Address (if different than above) _____

City: _____ State: _____ Zip: _____

Cardholder's Name (print): _____

Cardholder's Signature: _____

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