



Electrical Service Request

For Security reasons, this form is to be mailed or faxed. If you must email this form, please send to KeystoneConfServices@vailresorts.com without credit card information and then call 970-496-4142 to provide credit card information

ELECTRICAL SERVICE: Please select the electrical service required on the chart below. Actual rating for maximum usage is 80% of total listed amperage, i.e. 5 AMPS provides 4 AMPS rated service or maximum 500 watts. Anything above will overload the circuit. For service above 120 Volts or 20 Amps, please consult your CSM and/or Conference Center electrician.

| 120 VOLT SERVICE (Normal Use) | ADVANCED RATE | ON-SITE RATE | QTY | DAYS | TOTAL Rate(Qty x Days) |
|---|------------------|-----------------|-----|------|---------------------------|
| 5 AMPS or 500 WATTS (1 PLUG) | \$65.00 | \$75.00 | | | |
| 10 AMPS or 1000 WATTS (2 PLUGS) | \$80.00 | \$95.00 | | | |
| 15 AMPS or 1500 WATTS (2 PLUGS) | \$85.00 | \$100.00 | | | |
| 20 AMPS or 2000 WATTS (2 PLUGS) | \$90.00 | \$115.00 | | | |
| 20 AMPS or 2000 WATTS (4 PLUGS) | \$100.00 | \$135.00 | | | |
| EQUIPMENT (Electrical Service Not Included) – One Time Fee | | | | | |
| 120V Six Plug Strip (15 AMPS Rated) | \$20.00 | \$20.00 | | N/A | |
| 15' EXTENSION CORD | \$20.00 | \$20.00 | | N/A | |
| 25' EXTENSION CORD | \$20.00 | \$25.00 | | N/A | |
| LABOR RATE | \$50.00/Hour | \$50.00/Hour | | N/A | |

- ❖ For Service Above 120 Volts or 20 Amps, please call 970-496-4142 for pricing.
- ❖ Power will be charged by the calendar day for each day of the show.
- ❖ No charges will be incurred for the set-up day.
- ❖ Please Fax Completed form to 970-496-4309.

CONFERENCE NAME : _____ CONFERENCE DATE(S): _____

YOUR EXHIBITING FIRM NAME: _____ ON SITE CONTACT: _____

BOOTH NUMBER: _____ EXHIBIT ROOM: _____ DATES OF SERVICE REQUESTED _____

EXHIBITOR ADDRESS: _____ PHONE NUMBER: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PAYMENT:

CREDIT CARD NUMBER:

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EXP. DATE

MONTH / YEAR

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CCV/Security Code

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** I authorize charging any unpaid balance to my credit card

CARD HOLDER SIGNATURE

PRINT NAME

Email Address: _____

**To receive a receipt please fill in the email address above