$25 Service charge
On orders not received 7 days prior to set up.

ATLANTA MARRIOTT MARQUIS

ELECTRICAL SERVICE ORDER FORM
ATTN: ELECTRICIAN
265 Peachtree Center Avenue
Atlanta, Ga. 30303

Phone: 404-586-6003
Fax: 404-586-6004

EVENT NAME:_____ EVENT DATE: _____

Exhibitor:_____Booth#_____

Address:_____City:_____ __ State:_____Zip:_____

Contact: _____ Telephone:_____ Fax:_____

Quantity	Services Available	Advance	Floor	Extended
	120V Dedicated / 2000 Watts / 20 Amps (Service provided in quad box with (4) outlets.)	$70.00	$80.00	
	150 Watt Spotlight	$35 00	$45.00	
	Extra Extension Cord (All cords are round cords.)	$25.00		
	Water & Drainage *MUST BE ORDERED IN ADVANCE Plus labor and materials.*	$65 00		
	Air per CFM MUST BE ORDERED IN ADVANCE *Plus labor and materials*	$75.00		
	Overhead Connections or 24 Hour Service *Add 50% service charge.*			
	LABOR . Monday thru Friday $45/hour Sat/Sun/Holidays . $55lhour			
	2O8Volt . 3-Wire/ 4-Wire/ 5-Wire in Ballrooms if applicable.			
	30 Amp . I Phase Nema Plug #	$160.00		
	60 Amp . I Phase Nema Plug #	$225.00		
	30 Amp . 3 Phase Nema Plug #	$175.00		
	60 Amp . 3 Phase Nema Plug #	$250.00		
All Production Companies provide pig tails and cables to destination in Ballrooms.				
	O 100 Amps I Phase . $ 350 00 O 100 Amps 3 Phase . $375.00			
	O 200 Amps I Phase . $ 680.00 O 200 Amps 3 Phase . $725 00			
	O 300 Amps I Phase . $980.00 O 300 Amps 3 Phase . $1080 00			
	O 400 Amps I Phase . $1280 00 O 400 Amps 3 Phase . $1380.00			
	O 600 Amps I Phase . $1880.00 O 600 Amps 3 Phase . $1980.00			
	O 800 Amps I Phase . $2280.00 O 800 Amps 3 Phase . $2380.00			
	O I200Amps I Phase . $3680.00 O 1200Amps 3 Phase . $3780 00			
		TOTAL		

Payment in full, in U S dollars must be made prior to opening of event American Express, VISA, Mastercard, Diners Club welcome. Make all checks payable to Atlanta Marriott Marquis Hotel Attn Electric Service 265 Peachtree Center Avenue Atlanta, Ga. 30303

Credit Card Authorization

Check One of the Following:

____ American ____Express ___VISA ____ Mastercard ____ Diner's Club ____Other:_____

Expiration Date:_____

Cardholder Name (Please print)_____

Cardholder Signature:_____

Billing Address:_____

City:_____ State:_____ Zip:_____