

**MAINE RESTAURANT & LODGING EXPO 2012**

Wednesday, April 4th, 2012, 10am - 4pm  
Cumberland County Civic Center, Portland, ME



**Company:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_  
**Fax or Email:** \_\_\_\_\_

**STANDARD ELECTRICAL EQUIPMENT**

Please note: Each booth will be set with one 110 volt outlet supplying 5 amps (600 watts) of power. Below is a partial listing of the additional electrical services that Green Tree Electrical Services can offer. Please call 207.781.2982 ext 140 with any questions.

Item	Prepaid Rates	Standard Rates	Quantity	Total	NEMA #
<i>First 5 amps (600 watts/one 110 volt plug) included w/ booth</i>	N/C	N/C			
<b>ADDITIONAL POWER</b>					
5 amps (600 watts) / 120 volts	\$60	\$75			
10 amps (1200 watts) / 120 volts	\$75	\$80			
20 amps (2400 watts) / 120 volts	\$90	\$100			
20 amps (4000 watts) / 208 volts single phase	\$235	\$255			
30 amps (6000 watts) / 208 volts single phase	\$250	\$275			
50 amps (10000 watts) / 208 volts single phase	\$300	\$325			
20 amps (7000 watts) / 208 volts 3 phase	\$250	\$295			
30 amps (10000 watts) / 208 volts 3 phase	\$325	\$375			
50 amps (17000 watts) / 208 volts 3 phase	\$375	\$450			
<b>ACCESSORIES</b>					
4 plug outlet box	\$5	\$10			
Short extension cord	\$5	\$10			
SUB TOTAL					
SALES TAX (5% - MAINE)					
TOTAL					

**Please Note:**

The NEMA number will be required for all equipment power plugs that are not standard 3 wire household plugs

**IMPORTANT INFORMATION**

1. Please submit order forms (via mail or fax) by March 28th, 2012 for prepaid rates. Orders received after March 28th, 2012 will be charged the standard rates. **Orders are not processed until payment is received** either via check, cash, or credit card. Orders placed and installed are considered complete and are non-refundable.
2. All accounts must be settled prior to the close of the show. No credits are issued after the closing of the show. Returned checks are charged \$25.
3. We reserve the sole right to remove equipment we consider unsafe from the network.

**PAYMENT INFO**

**Credit Card #:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **CCV:** \_\_\_\_\_  
**CC Billing Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_  
**Cardholder's Signature:** \_\_\_\_\_ **Booth #:** \_\_\_\_\_