



**LIBERTY
EXPOSITION
SERVICES, INC.**

Electrical Order & Material Handling Form Branson Convention Center

Mail or fax Electrical order with payment to Liberty Exposition Services

200 S. Sycamore - Branson, MO 65616 - Phone: 417-243-7037 - Fax: 417-243-7042 - Web Site: libertyexpo.com

STANDARD ELECTRICAL SERVICE

Qty.	Discount	Standard	Extended
___ 500 watt - 5 AMPS	\$ 77.00	\$ 114.00	\$ _____
___ 1000watt - 10 AMPS	\$ 104.00	\$ 150.00	\$ _____
___ 2000watt - 20 AMPS	\$132.00	\$ 208.00	\$ _____

SERVICE ACCESSORIES (Does not include cost of outlet)

___ Plug Strip (6-spots)	\$ 40.00	\$ 50.00	\$ _____
___ Flood Lights	\$ 48.00	\$ 62.00	\$ _____
___ 1 Clip - 25' Extension Cord	\$ 20.00	\$ 28.00	\$ _____

Send shipment to:

EXHIBITOR NAME:

BOOTH # _____

C/O Liberty Exposition Services, Inc.
Branson Convention Center
200 Sycamore Street
Branson, MO 65616

TERMS:

Discount Rates apply up to **4 days prior** to event.

100% of the Electrical payment must be received prior to the deadline date to qualify for the discount price.

All payments received after the deadline date will be charged at the standard rate.

No service will be installed until full payment has been made.

Claims **will not** be considered unless filed in writing by exhibitor prior to close of show.

No credit will be issued on outlets installed as ordered and not used.

Building utility outlets are not a part of booth space and are **not** to be used by exhibitors.

All electrical connections must be made by the contractor.

Any such connections in the booths will have to be rewired by the Electrician to conform with the facilities regulations, and will be charged to the exhibitor.

Special services will be charged at prevailing rates. Hourly rates will be subject to overtime.

Shipments will be accepted 10 days prior to event

Shipping & Receiving

Small packages : 0-35 lbs.		\$57.00
Total Freight Over 35lbs	\$ 57.00 per 100 wt./ 200 lb. min.	\$114.00

Includes Inbound and Outbound Material Handling

Includes Storage

PAYMENT AUTHORIZATION:

Check Number _____ Exp. Date: _____ Security Code: _____
Credit Card Visa Mastercard Amex

Account Number:

Cardholders Name _____ Billing Address: Street: _____

Signature: _____ City: _____ State: _____ Zip: _____

EVENT:	Booth Number #
Company Name	_____
Street Address	City State Zip
Telephone	Fax
Ordered By	Signature
Please Print Name	