

HOTEL *Eleganté*

★★★★★
CONFERENCE & EVENT CENTER
Exhibitor Form

MUST BE COMPLETED AND EMAILED 2 WEEKS PRIOR TO ARRIVAL TO: _____

Name:		Phone #	
		Email:	
Company:		Address:	
City:	State:	Zip:	
Convention Name:			
Date of Arrival:		Date of Departure:	
Setup Time & Date:		Teardown Time & Date:	

ELECTRICAL SERVICE OUTLETS							
Qty	Service	Volts	Phase	Watts Amps	\$	# Days Requested	Total Days x Price
	Single Outlet/day	120	Single		\$45+		\$
	Single Outlet/day	208	Single		\$250+		\$
	Single Outlet/day	208	Three		\$250+		\$
	Heavy Duty Power	120/208	Single/Three		Call		\$
Subtotal of Order and Days Requested							

ADDITIONAL SERVICE/EQUIPMENT				
Qty	Equipment or Service	\$	# Days Requested	Total Days x Price
	Power Strip	\$5+		\$
	Extension Cords	\$5+		\$
	Telephone Line for local, long distance	\$85+		\$
	Direct Incoming Dial Telephone Line with assigned number, long distance	\$85+		\$
	High Speed Internet connection (Wired or Wireless)	\$75		\$
	Box Deliveries: 24" x 24" x 24"	\$5 each		\$
	48" x 48" x 48"	\$10 each		\$
	Crates and Pallets	\$20 each		\$
Subtotal of Order and Days Requested				

The Hotel will not guarantee any requirements unless this form and payment has been received prior to setup.

PAYMENT DUE					
Electrical Services	Additional Services	Subtotal	(If Applicable) Service Charge 22% Taxable	+ 8.25% Sales Tax	Total Due
		\$			\$



Credit Card Authorization Form

Please complete this form in its entirety. Incomplete requests may be rejected. Please return this form via fax to the number listed at the bottom of this page or scan and send via email. Do not insert data into this email and send.

All information provided is CONFIDENTIAL and used only for the purposes noted below.

Individual or Group/Event Name(s):

Confirmation/Invoice Number(s) (if applicable):

Arrival or Function Date: _____ Departure Date: _____

I hereby authorize the following charges to be applied to the following credit card. Check all that apply:

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> All Charges | <input type="checkbox"/> Exhibit Charges | <input type="checkbox"/> Restaurant Charges | <input type="checkbox"/> Banquet/Catering Charges |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Specific Amount (specify below) |

Comments:
*If group is tax exempt a LEGIBLE copy of the Front of the Credit Card will need to be provided.

Credit Card Number: _____ Exp. Date _____

Cardholder/Organization name (as it appears on card): _____

Card Billing Address: _____

City/State/Zip Code: _____

Contact Phone/Fax Number: _____

I acknowledge that all information is complete and accurate. I hereby authorize the Hotel Elegante to collect payment for the charges indicated on this form by processing a charge to the credit card listed above. I certify that I am authorized to sign for charges to the credit card provided.

Signature: _____ Date: _____

Mailing/Shipping Address:

**Hotel Elegante Conference & Event Center
2886 S. Circle Drive
Colorado Springs, CO 80906
Phone: (719) 576-5900
Fax: (719) 576-0507**