



# Exhibitor Service Request Form

Booth #: \_\_\_\_\_

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

### Electric Power

<u>Quantity</u>			<u>Total</u>
_____	110 Volt Outlet with extension cord	\$15.00 EACH	_____
_____	Extra extension cord	\$15.00 EACH	_____
_____	Power Strip	\$15.00 EACH	_____
_____	Gray Box (3x20 Amp circuit)	\$80.00 EACH	_____

\* Please note due to fire code no outside extension cords are permitted\*

### Telecommunications

_____	Analog Line for CC Machine	\$55.00 EACH	_____
_____	Wired High Speed Internet Access	\$130.00 EACH	_____
_____	Wireless Internet Access	\$194.00 EACH	_____

### Audio-Visual Equipment

_____	60" LED TV & DVD Combo	\$550.00 EACH	_____
_____	24" LCD Monitor	\$115.00 EACH	_____
_____	3M Post It Flip Chart	\$40.00 EACH	_____
_____	Flip Chart	\$35.00 EACH	_____
_____	Flip Chart Stand – No Paper	\$15.00 EACH	_____
_____	Whiteboard / Corkboard	\$25.00 EACH	_____

If you have any additional requirements please contact **Kelly Van Dyke, CMP** for a quote.

### Daily Requirements Cost

**TOTAL \$** \_\_\_\_\_

**\*\*ANY ORDERS THAT  
DO NOT ADD IN TAX AND  
SERVICE CHARGE WILL  
HAVE THEM  
AUTOMATICALLY  
ADDED TO THE TOTAL\*\***

NUMBER OF DAYS REQUIRED x \_\_\_\_\_

SUB TOTAL = \_\_\_\_\_

6% SALES TAX + \_\_\_\_\_

22% SERVICE CHARGE + \_\_\_\_\_

**GRAND TOTAL =** \_\_\_\_\_

### Payment Instructions

ORGANIZATION: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME (AS APPEARS ON CARD) \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_ CIRCLE: CELL / OFFICE

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CHECK IN ADVANCE (PAYABLE TO AMWAY GRAND PLAZA HOTEL) # \_\_\_\_\_

**Return Completed Form To: Kelly Van Dyke, CMP**

kvandyke@ahchospitality.com

AMWAY GRAND PLAZA HOTEL Phone: 616.776.616-776-6441  
187 MONROE AVE NE Fax: 616.776.6477  
GRAND RAPIDS, MI 49503