

Booth #: _____

**13750 WEST COLONIAL DR. SUITE 350-362
WINTER GARDEN FL, 34787
TEL: (407) 351-4158 FAX: (407) 704-2454
ORDERS@POWERSOURCESERVICES.COM**

**SHOW NAME: SOUTHEAST PERIOP NURSES 2025
LOCATION: WORLD GOLF VILLAGE RESORT
DATE: NOVEMBER 1-2ND 2025
ADVANCED DEADLINE: MONDAY OCTOBER 17TH**

BELOW PRICES ARE FOR ENTIRE EVENT, NOT PER DAY

120 VOLTS	QUANTITY	ADVANCED RATE	REGULAR RATE	COST
0-1000 WATTS (10 AMPS)	_____	100.00	125.00	_____
1001-1500 WATTS (15 AMPS)	_____	115.00	140.00	_____
1501-2000 WATTS (20 AMPS)	_____	125.00	168.00	_____
FACILITY HOOK UP FEE REQUIRED WITH EACH ORDER				20.00

EXTENSION CORDS (ELECTRICITY NOT INCLUDED)

SINGLE OUTLET	_____	16.00	20.00	_____
POWER STRIP	_____	20.00	25.00	_____

208 VOLT SERVICES SINGLE PHASE

20 AMP	_____	240.00	300.00	_____
30 AMP	_____	280.00	350.00	_____

LIGHTING EQUIPMENT (INCLUDING CURRENT CONSUMED)

LED CLAMP ON FOR ROLL UP DISPLAY	_____	50.00	65.00	_____
LED CLAMP ON FOR LARGER DISPLAY	_____	50.00	65.00	_____

FOR WATER OR COMPRESSED AIR SERVICES PLEASE CALL FOR QUOTE

LABOR

ST MON.-FRI. 8:00am - 4:30pm (Except Holidays)	_____	60.00	_____	_____
OT MON.-FRI. 4:30pm - 8:00am (Sat/Sun/Holidays)	_____	90.00	_____	_____

FULL PAYMENT DUE PRIOR TO SHOW OPENING

SUBTOTAL:	\$	_____
6.5% SALES TAX:	\$	_____
TOTAL DUE:	\$	_____

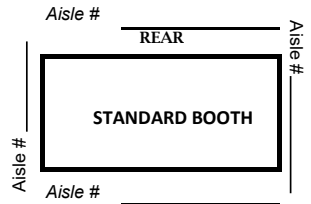
DEDICATED CIRCUIT OR 24 HOUR SERVICE REQUIRED? YES ___ NO ___
If Yes, Add \$50 to Electrical Service Connection Charge.

Power Will Be Placed At The Rear Of The Booth. Any Other Locations Will Be Installed On A Time & Materials Basis. Please Provide A Floor Plan Indicating The Desired Location. THERE IS A MINIMUM LABOR CHARGE OF (1) HOUR FOR HOOK-UP AND 1/2 HOUR TO DISMANTLE PLUS MATERIAL USED FOR 208 VOLT SERVICES.

REFUND MUST BE REQUESTED 7 DAYS PRIOR TO SHOW OPENING. PERMANENT WALL OUTLETS ARE NOT APART OF BOOTH SPACE. ADDITIONAL POWER REQUIRED

SPECIAL INSTRUCTIONS

HOTEL BALLROOM SHOWS MAY REQUIRE 1/2 HOUR OF LABOR TO BRING POWER TO BOOTH. IF THIS IS THE CASE YOUR INVOICE WILL BE ADJUSTED ACCORDINGLY.



Payment Method: _____ Mastercard _____ Visa _____ AMX _____ Check

CREDIT CARD #	EXP DATE:
CARDHOLDERS NAME: (PRINT)	SEC CODE:
AUTHORIZED SIGNATURE:	CARDHOLDERS ZIP:
IF YOU WOULD LIKE AN ELECTRONIC INVOICE LEAVE CREDIT CARD INFOR BLANK AND WE WILL SEND YOU IT VIA EMAIL	
FIRM NAME:	EMAIL:
ADDRESS:	TELEPHONE:
CITY/STATE/ZIP	FAX:
SIGNATURE:	PRINT NAME:

IF ORDERS ARE FAXED, THE FAX WILL BE YOUR RECEIPT.