



## ADVANCE ELECTRICAL SERVICE ORDER FORM

Name of Show: \_\_\_\_\_ Booth#: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Ordered by: (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### ELECTRICAL SERVICES (SERVICE COVERS LENGTH OF EVENT)

\_\_\_\_\_ 20 AMP 110 Volt                      \$70 each                      \$ \_\_\_\_\_

**Hookups Listed Below Require an In-House and/or House-Appointed Electrician Charged Out at the Going Rate:**

_____ 30 AMP 110 Volt*	\$80 each	\$ _____
_____ 40 AMP 110 Volt*	\$90 each	\$ _____
_____ 20 AMP 208 Volt*	\$70 each	\$ _____
_____ 30 AMP 208 Volt*	\$80 each	\$ _____
_____ 40 AMP 208 Volt*	\$90 each	\$ _____
_____ 50 AMP 208 Volt*	\$100 each	\$ _____
_____ 3-Phase	25 percent	\$ _____

\*All wiring must be in accordance with local and state electrical codes. All wiring will be performed by an in-house and/or house-appointed electrician.

**Subtotal**                      \$ \_\_\_\_\_

NOTE: A 20% surcharge will be applied to all orders not received 10 days prior to show and to orders without full payment.

**State, County & Local Sales Tax - 7.625%**                      \$ \_\_\_\_\_

**Total**                      \$ \_\_\_\_\_

Accepted forms of payment for electrical service are cash, check (payable to River's Edge Convention Center, 10 4<sup>th</sup> Avenue South, St. Cloud, MN 56301) or credit card.

If paying by credit card, please email the completed form and call the River's Edge Administration Office at 320-255-7272 with credit card information; or you may write credit card number, expiration date, security code and billing address for the credit card statement on a cover sheet and fax to River's Edge at 320-255-9863. *For security reasons, please do not email credit card information.*

Email the Electrical Service Order Form to: [info.riversedge@ci.stcloud.mn.us](mailto:info.riversedge@ci.stcloud.mn.us)                      01/24

#### OFFICE USE ONLY

AMOUNT PAID: \$ \_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

CHECK #: \_\_\_\_\_ CC: \_\_\_\_\_