

EXPO 2010



Request for Electric Service

Please return completed form to:
HealthQuest
Attn Doug Steinly
310 Highway 31
Flemington, NJ 08822
(908) 782-4009 ext 222

Please Note

Before ordering electrical services, determine exactly how much wattage or amperage your equipment draws. If your equipment draws more power than what you have ordered, you will be charged Event Day Price for the number of outlets you actually need. There will be no refunds for any undersized outlets previously ordered. It is imperative that you order the proper size outlets to avoid being inconvenienced during show hours.

Outlets

Schedule of pricing for electric wiring on rental basis

Booth Outlets for Single Electric Units only

<u>Number Required</u>	<u>Advance Price</u>	<u>Event Day Price</u>
_____ 15 Amp Outlet....	\$49	\$75

Outlet Total \$ _____

7% Sales Tax \$ _____

Total Due \$ _____

Method of Payment:

Check Number _____
Make Check Payable to HealthQuest

CC Number _____

Expiration Date _____

General Conditions

A separate outlet must be ordered for each piece of equipment to be connected that draws 500 or more watts.

Customer will be responsible for full payment of charges after installation regardless of usage.

All orders must be received 5 business days prior to the show or they will be considered late orders and subject to Event Day prices.

All Event Day Orders are C.O.D. only.

HealthQuest and the Hunterdon County Chamber of Commerce cannot be responsible for any damages to the customer's equipment due to fluctuating voltages in the expo area.

Service will be supplied to the equipment in the most convenient manner. Each outlet supplied has a standard 3 prong receptacle; it is the responsibility of the exhibitor to supply any adaptors which may be necessary.

To facilitate installation, exhibitor must have all specific requirements available.

Booth Number _____

Company Name _____

Contact Person _____

Address _____

City _____ Zip Code _____

Phone Number _____

E-Mail _____

ALL CONDITIONS AGREED TO:

Signature _____ Date _____