Hyatt Regency Columbus Electrical Form

Name of Conference:				Organization Name:			
Booth:		Function Room:		Name:			
Address:			City:		State:		
Phone #:			Email:				

SET-UP	
DATE	
TIME	

BREAK-DOWN	
DATE	
TIME	

Registration/Meetings/Computer Labs/Internet Café

Items	ADVANCE ORDER	QUANTITY NEEDED	Additional Following Day at 50%	FLOOR ORDER	QUANTITY NEEDED	Additional Following Day at 50%	LABOR RATE (Per Hour)	Quanity Needed (Per Hour)	TOTAL PRICE
1-3 Power Strips (Per Day)	$40.00			$40.00			$30.00		$0.00
Power Strip Package: 4-10 Power Strips, (1) 120 Amp									
4-10 Power Strips (Per Day)	$40.00			$40.00			$30.00		$0.00
(1) 120 Amp	$100.00			$100.00			$30.00		$0.00
						SUB TOTAL			$0.00

ELECTRICAL - Exhibit and Staging

	ADVANCE ORDER	QUANTITY NEEDED	Additional Following Day at 50%	FLOOR ORDER	QUANTITY NEEDED	Additional Following Day at 50%	LABOR RATE (Per Hour)	Quanity Needed (Per Hour)	TOTAL PRICE
120 VOLT/SINGLE PHASE SERVICES:									
20 Amp - inculdes extension cord and power strip if needed	$125.00			$150.00			$30.00		$0.00
PDP (Power Distrubtion Panel)	$300.00			$350.00			$30.00		$0.00
208 VOLT/SINGLE PHASE SERVICES:									
20 AMPS	$200.00			$230.00			$60.00		$0.00
50 AMPS	$250.00			$300.00			$60.00		$0.00
100 AMPS	$450.00			$500.00			$60.00		$0.00
200 AMPS	$900.00			$1,000.00			$60.00		$0.00
208 VOLT/THREE PHASE SERVICES:									
50 AMPS	$375.00			$400.00			$60.00		$0.00
100 AMPS	$525.00			$550.00			$60.00		$0.00
200 AMPS	$1,000.00			$1,075.00			$60.00		$0.00
						SUB TOTAL			$0.00

ADDITIONAL SERVICES & EQUIPMENT

SERVICES AVAILABLE:	ADVANCE ORDER	QUANTITY NEEDED	FLOOR ORDER	QUANTITY NEEDED	TOTAL PRICE
BANNERS (less than 8ft)	$75.00		$100.00		$0.00
BANNERS (8ft and larger)	$125.00		$150.00		$0.00
COAX CABLE DROPS (for TV Hook-Ups)	$275.00		$300.00		$0.00
MEETING ROOM LOCK RE-KEYED	$125.00		$250.00		$0.00
			SUB TOTAL		$0.00

GRAND TOTAL	$0.00

Method of Payment

Credit Card		Credit Card Payment - Email required to send secure CC information form					
Email:							
Guest Room		Guest Name:				Room #:	
Check		Check #:		Master Bill		Master Bill #:	
Signature:					Date:		