

Exhibitor Request Order Form

Contact Name: _____ On-Site Contact: _____

Company / Organization: _____

Billing Address: _____

Phone Number: _____ Fax Number: _____

Convention Name: _____ Booth Number: _____

Required Dates of Equipment: Set-up _____ Teardown _____

EXHIBITOR ELECTRICAL REQUESTS

** All requests will have a 22% service charge applied **

_____ Electrical Connection.....\$20.00 (one-time charge)
*Includes power strip and extension cord, and usage of electricity
Electricity is priced per contract with group*

AUDIO VISUAL REQUESTS

Partnering with Premiere Audio Visual, the Crowne Plaza Springfield has an extensive list of Audio Visual and computer equipment available to rent. Please contact a Crowne Meeting Director at the hotel to discuss additional requests you may have.

Requirements: _____

BILLING ARRANGEMENTS

I would like to pay for my requests as follows:

_____ Credit Card (*Please fill out and return the following credit card authorization form, prior to event date, in order to authorize charges for equipment or phone line orders.*)

_____ Check (*A company check must be received in advance of start of event and made payable to "Crowne Plaza Springfield". Service charge of 22% must be included in the check payment.*)



Credit Card Authorization Form

I, _____ hereby authorize the Crowne Plaza Springfield – Convention Center / Holiday Inn Express & Suites to utilize my credit card to guarantee payment for the below stated service, function or event. I fully understand that my card will be charged for the following: **(please checkmark)**

– Exhibitor Requests

– Other (Please Specify) _____

(Please Print)

Name(s) of Guest(s): _____

Date(s) of Event: _____

Name of Event: _____

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Card Holders Signature: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address for Receipt: _____

Thank you for your business.