

**ELECTRICAL/TELEPHONE/INTERNET SERVICE ORDER FORM**

*Please complete and return with payment to:*

**Sheraton Greensboro Hotel**

3121 W. Gate City Blvd.

Greensboro, NC 27407

Attn: Accounting

Fax: (336)292-9530

**ALL ORDERS must be received 14 days prior to move-in to receive the advance price**

*For questions regarding additional services, please contact Sales and Catering (336-292-9161)*

Event: 67<sup>th</sup> Conference on Exceptional Children

Event Date: November 15-17, 2017

Booth Number: \_\_\_\_\_

Exhibitor/Firm: \_\_\_\_\_

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

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

Authorized By: \_\_\_\_\_

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

DESCRIPTION	Advance Rate	QUANTITY	Floor rate	TOTAL
<b>ELECTRICAL*</b>				
120 Volt Outlet (1 connection)	\$69.39* / each		\$96.08	
120 Volt Outlet (with use of powerstrip)	\$138.78* / each		\$165.46	
208 Single Phase 30 Amp	\$138.78* / each		\$165.46	
208 Three Phase 60 Amp	\$624.49* / each		\$651.18	
**Additional electrical service used above ordered amount will result in additional charges as outlined to be paid prior to event closing.** <b>Electrical Service Note:</b> If service above does not meet your specifications, list your full requirements on a separate sheet and submit with this form. Additional fees will apply and be quoted upon receipt.				
<b>TELEPHONE</b>				
Unrestricted House Phone – Access Fee <i>(9 plus number dialed)</i>	\$64.05* / per line		\$80.06	
<b>INTERNET</b>				
High Speed Wired Internet Access <b>Email address to have Wired Internet access code sent to:</b> _____ <small>*complimentary wireless for registered hotel guests</small>	\$250.00 / per line, per day		\$275.00	
<b>TOTAL AMOUNT DUE</b>			<b>\$</b>	

**\*NC State Sales Tax of 6.75% is applicable and has been added to the prices show above.**

**PAYMENT:** Payment must be included with this order form. Payment may be made by cash, check or credit card. **Note: A credit card guarantee is required for ALL telephone service.**

Amount Due: \_\_\_\_\_ Payment Method:  Cash  Check  Credit Card

Credit Card Type \_\_\_\_\_ Number \_\_\_\_\_ Exp \_\_\_\_\_ Security Code \_\_\_\_\_

**Order and pre-payment for requested service must be received 14 business days prior to show date in order to guarantee services at ADVANCE rate.**

*Do you need a receipt emailed/faxed to you? Please provide email address/fax \_\_\_\_\_*