



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 4th 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 01/24

OFFICE USE ONLY

AMOUNT PAID: \$ _____

DATE: _____ BY: _____

CHECK #: _____ CC: _____