

Florida State Fair Authority 4800 US Highway 301 North Tampa, Florida 33610 Phone (813) 740-4642 Fax: (813) 740-4293

#### **ORDER INSTRUCTIONS**

#### **120 VOLT POWER DELIVERY**

The cost of 120-Volt outlets includes delivery to one location at the rear of inline or peninsula booths.

# 208 CONNECTIONS & POWER DELIVERY

All 208 Single Phase must accompany a NEMA plug variable. All 208 Three Phase need to inquire if Edison or large cam hookup. FSFA Electricians must make all high voltage connections and disconnects. Please complete a floor plan layout of your booth space indicating outlet locations.

#### **24 HOUR SERVICES**

All prices include 24 hour power. Electricity will be turned on within 30 minutes of show opening and off within 30 minutes of show closing.

#### **DEDICATED OUTLETS**

For a dedicated outlet, order a 20 amp and indicate location on the floor plan.

#### **CANCELLATIONS**

Refunds will not be provided for services installed and not used. See regulations for additional details.

#### **ORDER CONFIRMATION**

Orders faxed, mailed or emailed without payment and required floor plan will not be guaranteed advance rates. Vendor must send within 14 days of event to receive advance rate.

#### **MATERIAL DELIVERY**

Material requested on this order form will be placed in booth by an electrician. If power is not present call the Electric Help Line at (813) 951-4531.

#### **TERMS AND CONDITIONS**

I agree in placing this order that I have accepted FSFA payment policy and the terms and conditions of this contract.

### NON-FAIR ELECTRIC ORDER FORM

Rates Effective 7/1/2019 - 6/30/2020

Email Orders to: Kimberley.Moritz@FloridaStateFair.com

EVENT:	BOOTH#:
DATES:	
COMPANY:	
CONTACT:	
CELL:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
EMAIL:	8

ELECTRICAL OUTLETS											
	ADVANCE	FLOOR	QUANITY		TOTAL						
120 VOLTS	RATE	RATE	ADV	FLR							
1000 WATTS 10 AMPS	\$90.00	\$109.00									
2000 WATTS 20 AMPS	\$142.00	\$166.00									
3000 WATTS 30 AMPS RV PLUG	\$178.00	\$215.00									
208 VOLTS SINGLE PHASE											
20 AMPS	\$191.00	\$227.00									
30 AMPS	\$227.00	\$275.00									
50 AMPS	\$355.00	\$459.00									
60 AMPS	\$383.00	\$514.00									
100 AMPS	\$573.00	\$777.00									
200 AMPS	\$1,063.00	\$1,288.00									
208 VOLTS THREE PHASE	1 2 1 1										
20 AMPS	\$227.00	\$293.00									
30 AMPS	\$269.00	\$364.00									
60 AMPS	\$538.00	\$658.00									
100 AMPS	\$604.00	\$860.00									
200 AMPS	\$1,267.00	\$1,684.00									
400 AMPS	\$2,065.00	\$2,539.00									
EXTRAS	DEPOSIT	FLOOR									
POWER STRIP	\$10.00	\$25.00									
CABLE RAMP		\$16.90									
PLEASE BRING AN EXTENTION CORD T	OREACHELECTR	IC BEHIND YO	UR BOO	TH. IT	MUST BE RAT	ED FOR					

LEASE BRING AN EXTENTION CORD TO REACH ELECTRIC BEHIND YOUR BOOTH, IT MUST BE RATED FOI WHAT YOU WILL BE USING.

AMOUNT DUE										
ELECTRICIAL TOTAL:	\$									
SALES TAX:	INCLUDED IN PRICE									
TOTAL AMOUNT DUE:	\$									



## **ELECTRIC METHOD OF PAYMENT FORM**

Rates Effective 7/1/2019 - 6/30/2020

**BOOTH#:** 

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**SECURITY CODE:** 

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PAYMENT TYPE		CE	LL:			Ť					U:										
COMPANY CHECK Please make check payable to: Flor State Fair Authority. All foreign che		ST	REET	ADD	RESS:									_							
must be drawn from US banks only. Ple reference the event and booth number of the control of the	ase	CIT	Y, S1	ATE	ZIP																
No checks will be accepted during moin.		EN	1AIL:																		
Check Number:		CO	NTR	ACT #	:																
CREDIT CARD											i ge		*				200				
For your convenience, we will use fl authorization to charge any remain	ing	AMO							UNT DUE												
balance on your account prior to the evend. A copy of final charges will be sent		ELECTRICIAL TOTAL:							\$												
the email address provided on this form		SALES TAX:							INCLUDED IN PRICE												
VISAMASTERCARDAME	х	TOTAL AMOUNT DUE:					\$														
BY SIGNING AND PLACING THIS	ORD	FR 1	ACCE	ΡΤ Δ	ΙΙ ΡΔ	VMF	NT	POL	ICIE	ς ΔΙ	ND.	TH	FTI	ERN	ΛS	ΔΝΙ	D (	ON.	DIT	ON	S
DI SIGNING AND PEAGING THIS				ON AI																	
SIGNATURE:													- 1/1								
PRINT NAME:							50.000							10000							38304
DATE SUBMITTED:		SEG. 31																			
PAYMENT INFORMATION																					
CREDIT CARD NUMBER:																					
EXPIRATION DATE:																					
STREET ADDRESS:																					
CITY, STATE ZIP:	Western	20				- 570											-5500		-		

**EVENT:** 

**COMPANY:**