

13750 WEST COLONIAL DR. SUITE 350-362
WINTER GARDEN FL, 34787
TEL: (407) 351-4158 FAX: (407) 704-2454
ORDERS@POWERSOURCESERVICES.COM

Booth #:

SHOW NAME: E.C.C ST AUGUSTINE HOME SHOW
LOCATION: RENAISSANCE WORLD GOLF VILLAGE
DATE: AUGUST 29-30TH 2026
ADVANCED RATE DEADLINE: FRIDAY AUGUST 14TH

ELECTRICAL OUTLETS APPROXIMATELY 120V A.C. 60 CYCLE

120 VOLTS	QUANTITY	ADVANCED RATE	REGULAR RATE	COST
0-1000 WATTS (10 AMPS)		85.00	105.00	
1001-1500 WATTS (15 AMPS)		100.00	115.00	
1501-2000 WATTS (20 AMPS)		110.00	125.00	
FACILITY HOOK UP FEE REQUIRED WITH EACH ORDER				20.00

EXTENSION CORDS (ELECTRICITY NOT INCLUDED)

SINGLE OUTLET		16.00	20.00	
POWER STRIP		20.00	25.00	

208 VOLT SERVICES SINGLE PHASE

20 AMP		240.00	300.00	
30 AMP		280.00	350.00	
60 AMP		325.00	400.00	

FOR ANYTHING OVER 60 AMPS PLEASE CALL OR EMAIL FOR A QUOTE

208 VOLT 3 PHASE SERVICES

20 AMP		260.00	285.00	
30 AMP		300.00	340.00	
60 AMP		400	450	

LABOR

ST MON.-FRI. 8:00am - 4:30pm (Except Holidays)		60.00		
OT MON.-FRI. 4:30pm - 8:00am (Sat/Sun/Holidays)		90.00		

FULL PAYMENT DUE PRIOR TO SHOW OPENING

SUBTOTAL:	\$	
7.0% SALES TAX:	\$	
TOTAL DUE:	\$	

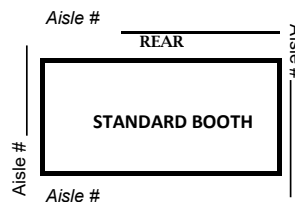
DEDICATED CIRCUIT OR 24 HOUR
SERVICE REQUIRED? YES___ NO___
If Yes, Add \$50 to
Electrical Service Connection Charge.

Power Will Be Placed At The Rear Of The Booth.
Any Other Locations Will Be Installed On A Time
& Materials Basis. Please Provide A Floor Plan
Indicating The Desired Location.
THERE IS A MINIMUM LABOR CHARGE OF
(1) HOUR FOR HOOK-UP AND 1/2 HOUR
TO DISMANTLE PLUS MATERIAL USED FOR
208 VOLT SERVICES AND ISLAND BOOTHS.

REFUND MUST BE REQUESTED 7 DAYS
PRIOR TO SHOW OPENING. PERMANENT
WALL OUTLETS ARE NOT APART OF
BOOTH SPACE. ADDITIONAL POWER REQUIRED

SPECIAL INSTRUCTIONS

FOR ISLAND BOOTHS PLEASE PROVIDE A FLOOR PLAN
FOR DESIRED LOCATION OF ELECTRICAL DROP.
ISLAND BOOTHS NORMALLY REQUIRE A MINIMUM
OF 1 HOUR OF LABOR



Payment Method: _____ Mastercard _____ Visa _____ AMX _____ Check _____

CREDIT CARD #	EXP DATE:
CARDHOLDERS NAME: (PRINT)	SEC CODE:
AUTHORIZED SIGNATURE:	CARDHOLDERS ZIP:
IF YOU WOULD LIKE AN ELECTRONIC INVOICE LEAVE CREDIT CARD INFOR BLANK AND WE WILL SEND YOU IT VIA EMAIL	
FIRM NAME:	EMAIL:
ADDRESS:	TELEPHONE:
CITY/STATE/ZIP	FAX:
SIGNATURE:	PRINT NAME:

IF ORDERS ARE FAXED, THE FAX WILL BE YOUR RECEIPT.