

Embassy Suites
9800 Queensway Blvd.
Myrtle Beach, SC 29572
Fax completed form to 843-497-1219
Attn: Amber Self, Event Services
Phone: (843) 497-1000

Kingston Plantation
A Hilton and
Embassy Suites Resort



Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. Do not send completed form by email.

FAX COMPLETED FORM TO: [INSERT FAX #]

ATTN: _____

Date: _____

Check-In / Event Date: _____		
Name of Person/Group Making Reservation: _____		Phone: _____
Authorized Amount: _____	Approval Code: _____	Date: _____

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card: _____		
Cardholder Billing Address: _____		
City: _____	State: _____	Zip: _____
Daytime /Business Telephone: _____		Evening Telephone: _____
Credit Card Number: _____		Expiration Date: _____
Credit Card Type: (Circle one) Visa/MasterCard American Express Discover JCB Diners Club		
Credit Card Issuing Bank Name: _____		Bank Phone Number (from back of your credit card): _____
I agree to cover the following categories of charges: (Please circle) All Charges Room & Tax Food & Beverage Retail Recreation		
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____		
DIRECT BILL ACCOUNT PAYMENTS ONLY:		
Name on Invoice/Statement _____		Date on Invoice/Statement _____
Invoice/Statement Number _____		Authorized Amount \$ _____

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____

Embassy Suites

9800 Queensway Blvd.

Myrtle Beach, SC 29572

Fax completed form to 843-497-1219

Attn: Amber Self, Event Services

Phone: (843) 497-1000

ELECTRICAL ORDER FORM

NAME:
PHONE:
NAME OF CONFERENCE:
VENDOR NAME:
BOOTH NUMBER:

LOCATION:
SETUP DATE/TIME:
DATE OF CONFERENCE:

IMPORTANT CONDITIONS AND REGULATIONS:

1. Wall, column and permanent building utility outlets are not a part of booth space and are not to be used by exhibitors unless specified otherwise.
2. All equipment, regardless of source of power, must comply with all federal, state and local safety codes.
3. Use of open personal power strips is prohibited.
4. Prices based upon current wage rates and are subject to change without notice.
5. Under no circumstances shall anyone other than "house electrician" make electrical connections.
6. Special equipment requiring company engineers or technicians for assembly, servicing, preparatory work and operation may be executed without "house electrician".
7. All equipment must be properly tagged and wired with complete information as to type of current, voltage, phase, cycle, horsepower, etc.
8. All exposed non-current carrying metal parts of fixed equipment, which are liable to be energized, shall be grounded.
9. Rates quoted for all connections over only the bringing of service to the booth in the most convenient manner and do not include connecting equipment for special wiring.
10. Orders must be received a minimum of fourteen (14) days prior to exhibitor arrival for move in.

PLEASE FILL OUT THE FOLLOWING

Electrical Service Required

110 Volt AC Standard Service

of Outlets

_____ 5 Amps/500 Watts @ \$ 50.00 ea. _____

_____ 20 Amps/2200 Watts @ \$100.00 ea. _____

Total _____

NOTE ABOVE: Prices include (1) loaned 25' extension cord. Exhibitors will be charged \$35.00 + tax for unreturned cord.

_____ **Multi Power Outlet Strip @ \$60.00** _____

Includes 1-5 amp power service

_____ **Additional power outlet strips \$10.00 ea.** _____

Total _____

208 Volt AC Single Phase

_____ 50 Amp Service @ \$200.00 ea _____

_____ Band Power Box @ \$250.00 ea _____

Total _____

NOTE: Any direct wiring required will be completed by a certified house electrician at the flat rate of \$85.00/hr. With a 1 hour minimum.

208 Volt AC Three Phase

_____ 50 Amp Service @ \$300.00 ea _____

_____ 100 Amp Service @ \$500.00 ea _____

(Three phase available in Kensington Ballroom Section G @ service hall only)

Total _____

_____ **Banner Hanging @50.00 ea** **Total** _____

NOTE: All electrical services must be submitted to the Hotel (14) fourteen days prior to the event. Ensure all information is legible and clearly state the name of the convention/trade show you will be attending. **Any additional charges or electrical requests on site incurred will be accessed at the rate listed above plus 22% service charge.**

SIGNATURE: _____

DATE _____