

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: _____

Event Date: _____ Booth Number: _____

Exhibitor/Firm: _____

Address: _____

Telephone: _____

Authorized By: _____

Signature: _____ Date: _____

DESCRIPTION	Advance Rate	QUANTITY	Floor rate	TOTAL
ELECTRICAL*				
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 (Guilford only)	\$138.78* / each		\$165.46	
208 Three Phase 60 Amp Guilford only	\$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. Electrical Service Note: 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.				
TELEPHONE				
Unrestricted House Phone – Access Fee <i>(9 plus number dialed)</i>	\$64.05* / per line		\$80.06	
INTERNET				
High Speed Wired Internet Access Email address to have Wired Internet access code sent to: _____ <small>*complimentary wireless for registered hotel guests</small>	\$250.00 / per line, per day		\$275.00	
TOTAL AMOUNT DUE			\$	

***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 _____