

COMPANY NAME (PLEASE PRINT OR TYPE)			PHONE
ADDRESS	CITY	STATE	ZIP
CONTACT	EMAIL ADDRESS		
NAME OF SHOW ATTENDING	DATE OF SHOW	BOOTH NO.	

**Full payment MUST accompany order at least ten (10) days in advance of show date to receive advance discount rate. NO EXCEPTIONS, PLEASE! For guaranteed service, orders MUST be placed ten (10) days in advance of show date.**

Rates quoted cover bringing of service to the exhibit booth and do not include connecting your equipment. All wiring or electrical work on exhibitors display charged on time and material basis. Tagging of equipment for proper voltage, phase, connections, etc., is exhibitors responsibility. Exhibitors using sensitive electronic equipment should provide their own power conditioning equipment. Lansing Center not

responsible for voltage or frequency variances.

**Notice:** Effective July 1st, if paying by credit card, a 3.5% processing fee will be added. To pay by check, please make the check payable to Lansing Center (for form) or name of facility (for invoices) and mail it to: Attn: Accounts Receivable, 333 E. Michigan Ave., Lansing, MI 48933.

### ORDERS TAKEN WITHIN 10 DAYS OF SHOW WILL BE AT FLOOR PRICE

QUANTITY	CONNECTION REQUIRED	ADVANCE PRICE	FLOOR PRICE	
	120 VOLT 20 AMP TRI-HEAD (3 OUTLETS)	55.00	80.00	
	120 VOLT 40 AMP TRI-HEAD (6 OUTLETS)	85.00	100.00	
	120 VOLT AC 30 AMP OUTLET(S)	85.00 each	95.00 each	
	208 VOLT AC 30 AMP OUTLET(S)	100.00 each	115.00 each	
	208 VOLT AC 60 AMP OUTLET(S)	165.00 each	180.00 each	
	480 VOLT AC 30 AMP OUTLET(S)	210.00 each	225.00 each	
	480 VOLT AC 60 AMP OUTLET(S)	360.00 each	375.00 each	
	WATER/DRAIN SERVICE	175.00 each	200.00 each	
	ALL OTHER 120V ELECTRIC	CALL FOR QUOTE	CALL FOR QUOTE	
	NATURAL GAS / COMPRESSED AIR	CALL FOR QUOTE	CALL FOR QUOTE	
				TOTAL

#### PAYMENT OPTIONS:

Payments can also be made online at [www.lansingcenter.com/exhibit](http://www.lansingcenter.com/exhibit)

- CHECK/MONEY ORDER -- PAYABLE TO: L.E.P.F.A.       MASTERCARD  
 AMERICAN EXPRESS     DISCOVER  
 VISA

IF AMERICAN EXPRESS: \_\_\_\_\_  
( 4 digits on front of card)

NAME: \_\_\_\_\_  
(as it appears on card)

IF VISA/MC/DISCOVER: \_\_\_\_\_  
( 3 digits on back of card)

ACCOUNT #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

RETURN TO:  Lansing Entertainment & Public Facilities Authority	LANSING ENTERTAINMENT & PUBLIC FACILITIES AUTHORITY 333 E. Michigan Avenue LANSING, MI 48933 Phone: (517) 483-7400 FAX (517) 483-7423 scottf@lepfa.com
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OFFICE USE ONLY	Date _____
Check # _____	Received by: _____
Serviced by: _____	
Special Material: _____	