Embassy Suites Myrtle Beach 9800 Queensway Boulevard, Myrtle Beach, SC 29572

Electrical Order Form

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Email completed form to: caroline.neeves@hilton.com

Fax Number: (843) 497-1219

ATTN: Caroline Neeves, Event Services

Phone: (843) 497-1000

Specify equipment needing electricity:

VENDOR NAME:	DATE ORDERED:
NAME OF CONFERENCE:	DATE OF CONFERENCE
PHONE:	SETUP DATE/TIME:
NAME:	LOCATION:

To avoid additional charges, all orders must be submitted to the hotel a minimum of 10 days prior to the event.

	Electrical Service Required			Electrical Service Required	
	is placed prior to 10 days before start (_ 	r is placed after 10 days before start o	f event)
Quantity	110 VOLT AC Standard Service	<u>Price</u>	Quantity	110 VOLT AC Standard Service	<u>Pr</u>
	5 Amps/500 Watts @ \$60 each			5 Amps/500 Watts @ \$120 each	
	(One connection for phone, laptop, TV	, or		(One connection for phone, laptop, TV	/, or
	LED Light)			LED Light)	
	20 Amps/2200 Watts @ \$110 each			20 Amps/2200 Watts @ \$220 each	
	(Multiple devices on one individual			(Multiple devices on one individual	
	circuit)			circuit)	
	Multi-Power Outlet Strip @ \$180			Multi-Power Outlet Strip @ \$320	
	each			each	
	Includes 20 Amps connection			Includes 20 Amps connection	
	(6 connections, several devices for one	2		(6 connections, several devices for one	e
	exhibitor)			exhibitor)	
Price includ	des 1 loaned 25' extension cord. Charge for unretu	ırned cord is	Price includ	les 1 loaned 25' extension cord. Charge for unret	urned cord is
	\$35+tax.			\$35+tax.	
		otal			Γotal
<u>Quantity</u>	Band Power Box	<u>Price</u>	Quantity	Band Power Box	<u>Pr</u>
	20 Amps/2200 Watts @ \$395 each			20 Amps/2200 Watts @ \$545 each	
	up to 12 connections			up to 12 connections	
	Includes direct wiring required by a			Includes direct wiring required by a	1
	certified in-house electrician			certified in-house electrician	_
		otal		1	Γotal
Quantity	208 Volt AC Single Phase	<u>Price</u>	<u>Quantity</u>	208 Volt AC Single Phase	<u>Pr</u>
	50 Amp Service @ \$345 each			50 Amp Service @ \$495 each	
	Includes direct wiring required by a			Includes direct wiring required by a	1
	certified in-house electrician			certified in-house electrician	
	Т	otal		1	Γotal
Quantity	208 AC Three Phase	<u>Price</u>	Quantity	208 AC Three Phase	<u>Pr</u>
	50 Amp Service @ \$445 each			50 Amp Service @ \$595 each	
	Includes direct wiring required by a			Includes direct wiring required by a	1
	certified in-house electrician			certified in-house electrician	
	Three phase available only in Palisades Ballroom			· 	
	Three phase available only in Palisades Ballroom			Three phase available only in Palisades Ballroom	1
	Т	otal		1	Γotal
Quantity	Banner Hanging	<u>Price</u>	Quantity	Banner Hanging	<u>Pr</u>
	Banner up to 6' @ \$75 each		Quantity	Banner up to 6' @ \$175 each	<u></u>
	Banner 6' - 12' @ \$125 each			Banner 6' - 12' @ \$225 each	
	Back Drop behind stage @ \$300 each	, —	-	•	_
				Back Drop behind stage @ \$400 each	
		otal			Γotal
	Final Total:			Final Total:	
gnature:_			Date:_		







KINGSTON RESORTS

Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 10 business days prior to Check-In to ensure acceptance of the credit card to be charged. Copy of Driver's License and Credit Card front and back must be included with authorization form.

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

Cardholder Name as it Appears on Credit Card:

	11						
Cardholder Billing A	Address:						
City:		State:	Zip:				
Daytime/Business T	elephone:		Evening Telep	ohone:			
Credit Card Number	r:	Expiration Date:					
Credit Card Type: Visa/MasterCard	American Express	Discover	ЈСВ	Dine	rs Club		
Issuing Bank Name:							
Bank Phone Number	r (from back of your cred	it card):					
I agree to cover the f	following categories of ch	arges:					
All Charges	Room & Tax	Food & Beverage	Parking/Res	sort Fee	Business Services		
I agree to cover the a	above categories of charge	es up to a Maximum Am	ount of \$				
GUEST INFORMA	ATION:						
Guest Name:		Check	:-In Date:				
Name of Person Mal	king Reservation:						
Confirmation Numb	oer:	Phone	Contact:				
Email Contact:							
charges above wi	r room and tax will b ll be charged at the ti mediately charged to	me of check-out.			Any incidental		
Final balance bill	ed to credit card (hot	el use only): \$					
"Maximum Amount"		ırther acknowledge that	if "all charges" h	as been sele	t indicated above up to the ected, then all guest/group r event conclusion.		
Please be advised with your paymen		additional 3% admir	nistrative proce	essing fee	automatically processed		
Cardholder Signatur	e:			Date:			