



**EASTERN STATES EXPOSITION
ELECTRICAL SERVICE ORDER FORM**

COMPANY INFORMATION:

Name of Company: _____ Booth Number: _____

Company Address: _____

City/State: _____ Zip: _____

PAYMENT INFORMATION:

Payment must accompany order (please check payment method)

Check

Charge (Visa, MasterCard, or American Express ONLY)

Credit Card #: _____ Exp date: _____

Name on card: _____ Signature: _____

ELECTRICAL RATE SCHEDULE

Service Type	3-day Weekend Rate	Calculate Total
120 volt service	\$75.00	\$

Please email, fax or mail your completed form along with your payment information **NO LATER** than **Wednesday, November 10th, 2010** to:

Amanda Hersey, Director of Events
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