

ORDER ONLINE AT www.CHIHealthCenterOmaha.com



EXHIBITOR
UTILITIES / TECHNICAL
SERVICES ORDER FORM
10 DAY EVENT



PRICING DEADLINE

ORDER MUST BE RECEIVED BY FAX OR POSTMARKED 7 CALENDAR DAYS BEFORE MOVE-IN DATE FOR ADVANCE (Adv.) RATE OTHERWISE STANDARD (Std.) RATE APPLIES

Information Technology				
WIRED INTERNET	Qty.	Adv. Rate	Std. Rate	Total
Shared Wired Broadband Internet Up to 5 MB (1st PC)		\$ 350.00	\$ 412.50	
~Additional PCs Up to 5 MB		\$ 217.50	\$ 256.00	
Dedicated Wired VLAN Up to 5 MB		\$ 800.00	\$ 937.50	
~Additional PCs on Dedicated VLAN Up to 5 MB		\$ 462.50	\$ 537.50	
WIRELESS INTERNET	Qty.	Adv. Rate	Std. Rate	Total
Wireless Broadband Internet Up to 5 MB (1st device)		\$ 262.50	\$ 306.00	
~Additional Wireless devices		\$ 65.00	\$ 77.50	
VOICE	Qty.	Adv. Rate	Std. Rate	Total
Analog Phone Line / Credit Card Line / Fax line		\$ 350.00	\$ 412.50	
ISDN		\$ 590.00	\$ 737.50	
Long Distance Deposit		\$ 70.00	\$ 87.50	
EQUIPMENT RENTAL	Qty.	Adv. Rate	Std. Rate	Total
PC / Laptop Rental - per day		\$ 310.00	\$ 387.50	
Black/White Laser Printer - per day		\$ 337.50	\$ 412.50	
Total Information Technology: \$				
<u>Other Services Available Upon Request</u>				
Internet includes web browsing and internet e-mail. See Rules & Regs for details. Wireless networks are forbidden without express written permission of MECA. Long distance available with non refundable deposit				

Banner & Sign Hanging
Contact MECA for quote (402) 599-6703 or exhibitorservices@omahameca.com

Shipping/Receiving
The facility does not accept shipments.
Contact show decorator. If no show decorator is designated, contact T.L.K. Air Care Inc. for freight services at 800.441.1927 or tlkomaha.com.

Exhibitor Information
ALL INFORMATION IS REQUIRED
Event Name 2021 Aqua Lounge
Company Name _____ Booth # _____
Address _____
City _____ State _____ Zip _____
Phone # _____ Fax # _____
E-mail: _____
On Site Contact: _____
By signing below, I acknowledge that I have read, understand, and agree to the terms stated in the Utility/Technical Services Rules & Regulations as well as the Exhibitor Rules & Regulations. All Rules & Regulations documents are available at www.chihealthcenteromaha.com .
Signature _____ Date _____

MECA Contact Information:
455 N 10th Street, Omaha, NE 68102
Phone: (402) 599-6703 Fax: (402) 599-6725
Website: www.CHIHealthCenterOmaha.com
E-mail: exhibitorservices@omahameca.com

Mechanical	Qty.	Adv. Rate	Std. Rate	Total
Compressed Air		\$400.00	\$500.00	
~Additional Air Lines		\$114.00	\$142.50	
Natural Gas Line w/1/2" connection		\$400.00	\$500.00	
~Additional Gas Lines		\$114.00	\$142.50	
Sink Connection/drain (continuous)		\$630.00	\$787.50	
Fill/drain tank/spa 500g max (1 fill / 1 drain)		\$290.00	\$362.50	
Fill/drain tank/spa 500-1,000g max (1 fill / 1 drain)		\$410.00	\$512.50	
Fill/drain tank/spa 1,000g +		call for pricing		
Total Mechanical: \$				
Compressed Air: Exhibitor must supply own drier or regulator for critical applications. 1/2" Universal Quick Disconnect w/ 3/8" line required. Natural Gas: Low pressure gas. Available in limited locations (on interior columns). Exhibitors using natural gas must supply a fire extinguisher in their booth.				

Electrical	Qty.	Adv. Rate	Std. Rate	Total
120v, 20 Amp (standard outlet)		\$192.50	\$275.00	
208v, 30 Amp, Single Phase		\$302.50	\$432.50	
208v, 50 Amp, Single Phase		\$376.00	\$537.50	
208v, 20 Amp, 3 Phase		\$346.00	\$494.00	
208v, 30 Amp, 3 Phase		\$519.00	\$741.50	
208v, 40 Amp, 3 Phase		\$691.50	\$987.50	
Extension Cords & Power Strips		call for pricing		
24 Hour Power		call for pricing		
Total Electrical: \$				
<u>Other Services Available Upon Request</u>				
Custom Services: Hard wire connection including lighting, more than 3 outlets ordered, antenna or satellite downlink connections, booth to booth cable runs, overhead power and changes to orders are at the discretion of the Electrician. 480v available in limited locations, please call for specifics.				

Services Grand Total: \$

Payment Information
FULL PAYMENT FOR SERVICES ORDERED MUST ACCOMPANY THIS FORM
NO PERSONAL CHECKS ACCEPTED
_____ Company Check (Payable to MECA) {U.S. Funds Only}
CREDIT CARD INFORMATION:
_____ Visa _____ MasterCard _____ American Express _____ Discover
Company/Cardholder's Name _____
Cardholder's Billing Address _____
City _____ State _____ Zip _____ Phone # _____
Are You The Cardholder () Yes () No Is This a Corporate Card () Yes () No
This Card will be used to pay for charges by the following authorized users: (please print)
1) _____ 2) _____
Credit Card # _____ Exp. _____
Security Code (required) _____
By signing below, I acknowledge and agree that if the Exhibitor Services Order Form is received by fax or post marked after the 7-day advance order deadline, I will no longer be eligible for the Advance rates and my card will be charged the Standard rates.
Signature _____ Date _____