



Hickory Metro Convention Center

1960 13th Ave. Dr. SE ❖ Hickory, NC 28602

Phone 828/324-8600 ❖ Fax 828/345-0700

www.hickoryconventions.com

Invoice and Event Electric Service Hook-up Order Form

	<u>Advance</u> ¹	<u>Regular</u>	<u>Quantity</u>	<u>TOTAL</u>
120v Single Phase (plus labor if necessary) ²				
0-20 amps	\$67.75	\$ 111.50		
21-30 amps	\$81.35	\$116.40		
208v Single Phase (plus labor if necessary) ²				
0-20 amps	\$131.00	\$194.15		
21-30 amps	\$172.75	\$241.30		
31-50 amps	\$236.65	\$356.10		
51-70 amps	\$327.30	\$490.80		
71-100 amps	\$420.50	\$637.30		
208v Three Phase (plus labor if necessary) ²				
0-20 amps	\$189.50	\$272.45		
21-30 amps	\$260.85	\$381.35		
31-50 amps	\$382.65	\$557.00		
51-70 amps	\$525.80	\$726.95		
71-100 amps	\$683.40	\$1,023.05		
480v Three Phase (plus labor if necessary) ²				
0-20 amps	\$382.65	\$563.95		
21-30 amps	\$493.90	\$751.15		
31-50 amps	\$787.70	\$1,185.00		
51-70 amps	\$1,109.00	\$1,653.40		
71-100 amps	\$1,498.40	\$2,287.15		

HMCC use only:

¹ = HMCC must receive payment & completed form no later than 12 days in advance of exhibitor move-in.

² = Labor for electrical work on exhibitor's equipment, including disconnects, repairs, tracing malfunctions and special hook-ups to be charged in one hour increments with a one hour minimum. Charges at current prevailing rate plus material.

_____ hrs. @\$ _____ material \$ _____ = Total \$ _____

Payment made 12+ days in advance: Company/personal check, MasterCard, Visa, certified check, bank check or cash.

Payment made less than 12 days in advance: MasterCard, Visa, certified check, bank check or cash.

HMCC cannot guarantee service if order form and payment is received less than 12 days in advance of move in.

HMCC does not invoice for this service. If you need an invoice, please use a copy of this form.

This form is not valid 15 days after event listed below.

Please provide the information requested below and mail or fax this order form to the Hickory Metro Convention Center. Make checks payable to Hickory Metro Convention Center.

Event: NC Library Association Conference Date(s): October 16 – 19, 2007 Booth #: _____

Company Name: _____ Contact Name: _____

Company Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

Please Circle: MasterCard Visa Check

Name on Card: _____

Card #: _____ - _____ - _____ - _____

Exp. Date: ____ / ____ **TOTAL: \$** _____

I authorize HMCC to charge the above account as indicated above.

Cardholder Date

HMCC use only: