



CROWNE PLAZA®
DENVER INTERNATIONAL AIRPORT
CONVENTION CENTER

Crowne Plaza Denver International Airport
15500 East 40th Avenue
Denver, CO 80239
Phone: (303) 371-9494

ELECTRICAL ORDER FORM

The following are available electrical services at the Crowne Plaza Denver International Airport Hotel & Convention Center. Circuit orders received outside of (7) business days prior to the event move-in date are considered pre-orders. Any orders received (7) business days or within (7) business days prior to event are considered Floor orders. All orders must be accompanied by payment for services requested. Installations will not take place until payment has been made. Power strips or other multiple-plug adapters are not allowed unless overload protected. Customers must provide plug ends for 208 & 220 services, or equipment can be hard-wired by Hotel engineering staff if necessary. We will hard-wire the appliance only if requested. All rates quoted below are for PRE-ORDERS and include installation of services to the side or rear of booth/stage, current used and removal at show closing. Rates are flat charge per event (not daily). Any order requiring special services may be subject to additional service or labor charges. If you have special requirements, please note them in the space provided.

| <u>AVAILABLE SERVICE & PRICE</u> | <u>RATE</u> | <u>FLOOR</u> | <u>AMOUNT</u> | <u>TOTAL</u> |
|--|-------------|--------------|---------------|--------------|
| 110 – 1 (110) v hot, 1 neutral & 1 ground (includes extension cord and power strip) | \$65.00 | \$95.00 | _____ | _____ |
| 208 Single-phase – 40 amp max | \$175.00 | \$250.00 | _____ | _____ |
| 208/120 50 A Three-phase – 5 wire (must specify if neutral is needed) | \$250.00 | \$350.00 | _____ | _____ |
| 208/120 3 ph 5 wire 150 A | \$600.00 | \$750.00 | _____ | _____ |

Floor order rates subject to additional labor charge based on individual circumstance

Special Requirements:

| | |
|-------------------------|---------------------|
| Company: _____ | Event Name: _____ |
| Contact: _____ | Move-in date: _____ |
| Address: _____ | Booth Number: _____ |
| City, State, Zip: _____ | Phone Number: _____ |

1. Please forward this form (and credit card authorization form if applicable) to our Accounting Department at 303-371-8166

2. Please provide an email address for confirmation: _____

It is our intent to provide quality utility service for our clients, however Crowne Plaza Denver International Airport cannot be responsible for any damages to electrical, mechanical, or computer equipment caused by power surge, voltage drop, loss of building power or any failure deemed an "Act of God". It shall be the responsibility of the client to provide adequate surge protection for their equipment and an act in good faith with installation & removal of equipment including but not limited to any electrical, mechanical or computer equipment. It shall also be the responsibility of the client to ensure that their equipment is unplugged & properly secured during non-operating hours. All prices are subject to current service charge and tax.



After Printing, Fill in the Remaining Fields, Sign and FAX. Do Not Email

Credit Card Payment Authorization Form

Please complete all cardholder areas below and submit the signed and dated form to the FAX number listed below.

Do not send the completed form by Email.

This form must be received at least five (5) days prior to Check-In, or by the data specified within the event contract, to ensure that the credit card is accepted and approved.

Please Fax Completed Form To: 303/371-8166 Attention: ACCOUNTING OFFICE

Date Submitted: _____

For Hotel Use Only:

| | | |
|--------------------------|----------------------|-------------|
| Authorized Amount: _____ | Approval Code: _____ | Date: _____ |
|--------------------------|----------------------|-------------|

Cardholder: Please complete the following section. Sign and date at the bottom of this form.

| | |
|---|------------------------------|
| Guest / Group Name: _____ | Check-In / Event Date: _____ |
| Group/Reservation Contact: _____ | Phone: _____ |
| Cardholder Name Exactly as it Appears on the Credit Card: _____ | |
| Cardholder Billing Address: _____ | |
| Daytime / Business Phone: _____ | Evening Phone: _____ |
| Credit Card Type: (Circle One) | |
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> Diners Club | |
| Credit Card Number: _____ | Expiration Date: _____ |
| Credit Card Issuing Bank Name: _____ | Phone: _____ |
| I agree to cover, and pay for, the following categories of charges: (Please circle all that apply) | |
| <input type="checkbox"/> All Charges <input type="checkbox"/> Room & Tax <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Catering <input type="checkbox"/> Liquor <input type="checkbox"/> Paid Movies <input type="checkbox"/> Banquets <input type="checkbox"/> Parking Charges | |
| <input type="checkbox"/> Laundry <input type="checkbox"/> Gift Shop <input type="checkbox"/> Audio-Visual <input type="checkbox"/> Room Rental <input type="checkbox"/> Copies <input type="checkbox"/> Long Distance Phone <input type="checkbox"/> Local Phone <input type="checkbox"/> Federal Express | |
| I agree to cover, and pay for, the above categories of charges up to a Maximum Amount of: _____ | |

Direct Bill Account Payments Only:

| | |
|------------------------------------|------------------------------------|
| Name on Invoice / Statement: _____ | Date on Invoice / Statement: _____ |
| Invoice / Statement Number: _____ | Authorized Amount: \$ _____ |

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of Check-Out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to the Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" listed above. You further acknowledge that if "all charges" has been selected, then all guest / group related charges (less Deposit) will be charged to the above card number at the time of Check-Out or event conclusion.

Cardholder Signature: _____ Date: _____