ELECTRICAL SERVICES FORM

NAME OF EVENT: ___________________________  BOOTH NUMBER: ______
DATE & TIME OF INSTALL: ____________________  ON-SITE
DATE & TIME OF TEARDOWN: ________________  CONTACT: _______________________

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Price</th>
<th># of Days</th>
<th>QUANTITY</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powerstrip and Extension Cord</td>
<td>$30.00</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10 Amp Quad Box</td>
<td>$130.00</td>
<td></td>
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<tr>
<td>115 V 20 Amp</td>
<td>$180.00</td>
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<tr>
<td>208 V Single Phase 20 Amp</td>
<td>$220.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>208 V Three Phase 20 Amp</td>
<td>$300.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Prices below are per day / per 20 amps

Sub total
Service Charge (25%)
Tax (5.75%)
Grand Total

Additional Information for Exhibitors
• Please call 202.962.4385 if you have questions
• In order to serve you better, attach any information, diagrams, etc. that will assist our staff
• All equipment regardless of source of power must comply with all federal and local safety codes.
• Under no circumstances shall anyone other than the "House Electrician" make electrical connections.
• User must supply rated male and female plug** 208V single or three phase user must supply rated male and female plug
• FAX THIS FORM AND THE COMPLETED CREDIT CARD AUTHORIZATION FORM TO 202.682.3375
Credit Card Authorization Form

Please provide all the information requested below as a form of payment for all event charges as outlined in your Group Sales Agreement (Guest Rooms, Food & Beverage, AV, Miscellaneous, Service Charges and Taxes).

**Cardholder Information**

Name as it appears on the credit card: ____________________________________________

Card type: ☐ Visa ☐ MC ☐ Amex ☐ Diners/CB ☐ Discover ☐ JCB

Account type: ☐ Individual (personal credit card) ☐ Corporate

Company Name: _______________________________________________________________

Credit Card Account Number: ____________________________ Exp. date: ____________

Address: (where statement is mailed) ____________________________________________

City, State and Zip: __________________________________________________________

Email Address: ______________________________________________________________

Phone number: ____________________________ Fax or alternate number: ____________

**Event Information**

Name of Event: _______________________________________________________________

Organization Name (if applicable): _____________________________________________

Fax or alternate number: ____________________________

Event Dates: _______________________________________________________________

I certify that all information is complete and accurate. I hereby authorize RENAISSANCE WASHINGTON DC DOWNTOWN HOTEL to collect payment for all authorized charges associated with this event by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____________________________________________________

Cardholder signature: __________________________________ Date: _______________

For Internal Use Only: Estimated Charges: ____________________________ Folio # ____________

* Please Fax this Form along with your order form back to 202.682.3375 in care of the Audio Visual Department