

ORDER ONLINE AT www.CHIHealthCenterOmaha.com



**EXHIBITOR
UTILITIES / TECHNICAL
SERVICES ORDER FORM
UP TO A 4 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)		\$ 140.00	\$ 165.00	
-Additional PCs Up to 5 MB		87.00	102.50	
Dedicated Wired VLAN Up to 5 MB		320.00	375.00	
-Additional PCs on Dedicated VLAN Up to 5 MB		185.00	215.00	
WIRELESS INTERNET	Qty.	Adv. Rate	Std. Rate	Total
Wireless Broadband Internet Up to 5 MB (1st device)		\$ 105.00	\$ 122.50	
-Additional Wireless devices		26.00	31.00	
VOICE	Qty.	Adv. Rate	Std. Rate	Total
Analog Phone Line / Credit Card Line / Fax line		\$ 140.00	\$ 165.00	
ISDN		236.00	295.00	
Long Distance Deposit		28.00	35.00	
EQUIPMENT RENTAL	Qty.	Adv. Rate	Std. Rate	Total
PC / Laptop Rental - per day		\$ 124.00	\$ 155.00	
19" LCD Monitor - per day		135.00	165.00	

Total Information Technology: \$
Other Services Available Upon Request

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. for freight services at (402)-457-7992.	

Exhibitor Information	
ALL INFORMATION IS REQUIRED	
Event Name _____	
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.centurylinkcenteromaha.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

25% additional charge per day over 4 days. Please use the 5 Day Event order form.

Mechanical				
	Qty.	Adv. Rate	Std. Rate	Total
Compressed Air		\$ 160.00	\$ 200.00	
-Additional Air Lines		45.50	57.00	
Natural Gas Line w/1/2" connection		160.00	200.00	
-Additional Gas Lines		45.50	57.00	
Sink Connection/drain (continuous)		252.00	315.00	
Fill/drain tank/spa 500g max (1 fill / 1 drain)		116.00	145.00	
Fill/drain tank/spa 500-1,000g max (1 fill / 1 drain)		164.00	205.00	
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)		\$ 77.00	\$ 110.00	
208v, 30 Amp, Single Phase		121.00	173.00	
208v, 50 Amp, Single Phase		150.50	215.00	
208v, 20 Amp, 3 Phase		138.25	197.50	
208v, 30 Amp, 3 Phase		207.50	296.50	
208v, 40 Amp, 3 Phase		276.50	395.00	
Extension Cords & Power Strips		call for pricing		
24 Hour Power		call for pricing		
Total Electrical: \$				
<i>Other Services Available Upon Request</i>				
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 _____