

Items checked below are in addition to the furniture listed above and are at the expense of the exhibitor at the rates listed below.

ALL PRICES ARE PER SHOW COST plus APPLICABLE SALES TAX. Mayo Clinic Event Center equipment and services are being furnished subject to regulations. Orders will be completed only after payment in full is received.

A. Shipments

Shipping **to** Mayo Clinic Event Center – Items shipped more than 5 Days in advance of conference are subject to \$100/day fee.

Mayo Clinic Event Center, *Event Name & Booth Number*, 1 Civic Center Plaza, Mankato, MN 56001

Shipping **from** Mayo Clinic Event Center – Pre-Purchase and Attach Shipping Label, Call to Schedule Pick-Up

| | Advance | Day Of | Totals |
|--|---------|--------|--------|
|--|---------|--------|--------|

B. Furniture (*Note-Booths have 1-6' table and 2 Chairs included in booth purchase, items below are in addition.)

| | | | |
|--------------------------------|-------|------|-------|
| ___ 6' Table – Skirted | \$25 | \$50 | _____ |
| ___ 8' Table – Skirted | \$15 | \$30 | _____ |
| ___ Cabaret Table – Skirted | \$25 | \$50 | _____ |
| ___ Folding Chair | \$5 | \$10 | _____ |
| ___ Black Leather Stool | \$15 | \$30 | _____ |
| ___ Easels | \$15 | \$30 | _____ |
| ___ Flip Boards | \$20 | \$40 | _____ |
| ___ Dry Erase Board w/ Markers | \$20 | \$40 | _____ |
| ___ Carpet (10'x10' section) | \$200 | N/A | _____ |

C. Electrical

| | | | |
|--|-------|-------|-------|
| ___ 120 V. 20 amp single outlet | \$40 | \$80 | _____ |
| ___ 220 V. 30 amp single phase* | \$75 | \$150 | _____ |
| ___ 220 V. 30 amp three phase* | \$150 | \$300 | _____ |
| ___ 50 amp single or three phase* | TBD* | TBD* | _____ |
| ___ Hardwired Internet | \$50 | \$100 | _____ |

| | | | |
|-----------------------|------|-------|-------|
| D. Forklift (per use) | \$50 | \$150 | _____ |
|-----------------------|------|-------|-------|

SUBTOTAL _____

TAX TBA _____

GRAND TOTAL _____

***Note:** Any power 30 amp single phase and up is subject to a separate electrical bill along with an inspection fee. The total bill may have to be determined on the day of the show. If at all possible, please include a picture of the cable ends or plugs you plan to use so that we are prepared for your arrival as electrical requirements vary at each expo or show.

*** Notice:** Payment in full must accompany any order. Day-Of rates will apply to any orders not received 7 days prior to move in of show. Orders placed at show must be paid at time of order. **Make checks payable to Mayo Clinic Event Center.** NOTE: There will be a \$30.00 charge for all checks returned due to non-sufficient funds.

Company Name _____ Contact Person _____ Booth Number _____

Address _____ City, State, Zip _____

Phone # () _____ E-Mail _____

Signature _____ Date _____

IMPORTANT CONDITIONS AND REGULATIONS

1. Advance orders (paid in full) must be received a minimum of seven (7) days prior to scheduled exhibitor arrival for move-in.
2. Payment in Full must be rendered prior to start of show. Please DO NOT send cash in the mail.
3. All material and equipment furnished by the MAYO CLINIC EVENT CENTER for this service order shall remain in the MAYO CLINIC EVENT CENTER and shall be removed ONLY by the MAYO CLINIC EVENT CENTER personnel at the close of the show.
4. Rates quoted for connections cover only the bringing of service to the booth in the most convenient manner and do not include connecting equipment or special wiring. Rates for special services such as placing cords or relocating service(s) will include a labor charge.
5. Wall, column and permanent building utility outlets are not a part of booth space and are not to be used by exhibitors.
6. All equipment, regardless of source of power, must comply with all federal, state and local safety codes.
7. Use of open clip sockets, latex or lamp cord wire, duplex or triplex attachment plugs in exhibits is prohibited.
8. Claims will not be considered unless filed by exhibitor to the MAYO CLINIC EVENT CENTER prior to close of show.
9. Rates are based upon current rates and are subject to change without notice.
10. Under no circumstances shall anyone other than authorized MAYO CLINIC EVENT CENTER personnel make electrical connections.
11. Special equipment requiring company engineers or technicians for assembly, service, preparatory work and operation may be executed without the MAYO CLINIC EVENT CENTER electrician. However, all service connections and overload protection to such equipment must be made only by the MAYO CLINIC EVENT CENTER electrician.
12. All equipment must be properly tagged and wired with complete information as to type of current, voltage, phase, cycle, horsepower, etc.
13. Electrical power for lights and displays will be turned on one hour prior to show opening time and off at show closing time daily.
14. Unless otherwise directed, MAYO CLINIC EVENT CENTER electricians are authorized to cut floor coverings to permit installation of service.
15. All exhibitors' cords must be of 3-wire ground type. All exposed, non-current carrying metal parts of fixed equipment, which are liable to be energized, shall be grounded.
16. Requests for special voltage and/or other "Special requirements" (see front page) must be received by MAYO CLINIC EVENT CENTER 30 days prior to scheduled exhibitor arrival and move-in.
17. Obstructions blocking utility floor boxes are subject to relocation as necessary.
18. BASIC BOOTH PACKAGE: 1-6' Table, 2 Chairs and Pipe & Drape: 8' back, 3' wings (These items are provided by Lessee at the Lessee's expense and will be in your booth at the schedule move-in date.)
19. The above-listed conditions and regulations are not all inclusive; additional rules will be given as applicable.

For MAYO CLINIC EVENT CENTER use only

Completed by: _____

Amount Paid:

Date: _____

Date Paid:

Comments: _____

How Paid:

Received by: