



**EXHIBITOR
UTILITIES / TECHNICAL
SERVICES ORDER FORM
UP TO A 4 DAY**



ORDER ONLINE AT www.qwestcenteromaha.com

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				
	Qty.	Adv. Rate	Std. Rate	Total
WIRED INTERNET				
Shared Wired Broadband Internet Up to 5 MB (1st PC)		\$ 130.00	\$ 155.00	
~Additional PCs Up to 5 MB		80.00	95.00	
Dedicated Wired VLAN Up to 5 MB		350.00	420.00	
~Additional PCs on Dedicated VLAN Up to 5 MB		200.00	240.00	
WIRELESS INTERNET				
Wireless Broadband Internet Up to 5 MB (1st device)		\$ 100.00	\$ 120.00	
~Additional Wireless devices		50.00	60.00	
VOICE				
Analog Phone Line / Credit Card Line / Fax line		\$ 130.00	\$ 155.00	
ISDN		210.00	265.00	
Long Distance Deposit		26.00	30.00	
EQUIPMENT RENTAL				
PC / Laptop Rental - per day		\$ 115.00	\$ 145.00	
19" LCD Monitor - per day		100.00	125.00	
Total Information Technology: \$				
<i>Other Services Available Upon Request</i>				
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

Freight Services

The facility does not accept freight 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.qwestcenteromaha.com.

Signature _____ Date _____

MECA Contact Information:

455 N 10th Street, Omaha, NE 68102
Phone: (402) 599-6703 Fax: (402) 599-6725
Website: www.qwestcenteromaha.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		\$ 145.00	\$ 181.25	
~Additional Air Lines		42.00	52.50	
Natural Gas Line w/1/2" connection		145.00	181.25	
~Additional Gas Lines		41.50	51.75	
Sink Connection/drain (continuous)		185.00	285.00	
Fill/drain tank/spa 500g max (1 fill / 1 drain)		105.00	131.25	
Fill/drain tank/spa 500-1,000g max (1 fill / 1 drain)		130.00	185.00	
Fill/drain tank/spa 1,000g +				<i>call for pricing</i>
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)		\$ 70.00	\$ 100.00	
208v, 30 Amp, Single Phase		105.00	157.50	
208v, 50 Amp, Single Phase		130.00	195.00	
208v, 20 Amp, 3 Phase		120.00	180.00	
208v, 30 Amp, 3 Phase		180.00	270.00	
208v, 40 Amp, 3 Phase		240.00	360.00	
Extension Cords & Power Strips				<i>call for pricing</i>
24 Hour Power				<i>call for pricing</i>
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. _____

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 _____