



Event Contract # _____
(office use only)

ELECTRICAL SERVICE ORDER FORM

Mail to : SMG managed Albuquerque Convention Center
 Attention: Electrical/Finance Division
 401 2nd Street NW
 Albuquerque, NM 87102
EOrders@albuquerquecc.com
 Phone: (505) 573-0758 Fax: (866)434-5427



STANDARD ELECTRICAL DROPS				
Quantity	Description	5 day Advance Rate	Floor Rate	Amount
SINGLE PHASE 120V				
	up to 20 Amps Single Phase 120V	\$ 99.00	\$ 125.50	
SINGLE PHASE 208V				
	20 Amps Single Phase 208V	\$ 145.50	\$ 172.00	
	30 Amps Single Phase 208V	\$ 192.50	\$ 219.00	
	40 Amps Single Phase 208V	\$ 239.00	\$ 265.50	
	50 Amps Single Phase 208V	\$ 285.00	\$ 311.50	
	60 Amps Single Phase 208V	\$ 333.00	\$ 359.50	
	70 Amps Single Phase 208V	\$ 377.50	\$ 404.00	
	100 Amps Single Phase 208V	\$ 518.00	\$ 544.50	
THREE PHASE 208V				
	20 Amps Three Phase 208V	\$ 192.50	\$ 219.00	
	30 Amps Three Phase 208V	\$ 262.50	\$ 289.00	
	40 Amps Three Phase 208V	\$ 333.00	\$ 359.50	
	50 Amps Three Phase 208V	\$ 403.00	\$ 429.00	
	60 Amps Three Phase 208V	\$ 472.50	\$ 499.00	
	70 Amps Three Phase 208V	\$ 542.50	\$ 569.00	
	100 Amps Three Phase 208V	\$ 751.00	\$ 777.00	
RENTAL ITEMS				
Quantity	Description	Price		Amount
	Extension Cords	\$ 18.00		
	Power Strip (15 amp)	\$ 18.00		
CUSTOM ELECTRICAL WORK*				
Quantity	Description	Hourly Rate		Amount
	On floor Electrician	\$ 48.00		
	Evening/Weekends/Holidays	\$ 72.00		
Total				\$ -
Tax 7.5%				\$ -
Total Due				\$ -

* Custom electrical setups, other than those listed above, are billed in 1/2 hour increments.

PAYMENT IN FULL MUST BE RENDERED BEFORE SERVICE IS CONNECTED

Form of Payment:
 Enclosed is my check or money order made payable to: SMG - Albuquerque Convention Center

American Exp Visa Master Card CC# _____ Do Not List CC # - Please Call _____ CVV# _____

Name on Card: _____ Exp.Date _____

Address: _____ City _____ ST _____ Zip _____

I authorize SMG – Albuquerque Convention Center to charge my credit card for services listed.

Authorize Signature _____

Please Type or Print Legibly

Date of Order: _____

Name of Event : _____

Date of Event: _____

Booth #: _____

Exhibit Name: _____

Contact Name: _____

Phone Number: _____

E-mail: _____

SPECIAL INSTRUCTIONS

Comment: _____

Service will be brought to the rear of the booth in the most convenient manner, unless otherwise indicated below.

REAR

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AISLE

NEMA Configuration: _____

Direct Connection Wire Required: Yes _____

Type: 3 wire _____ 4 wire _____ 5 wire _____

Three Phase 480V service available.

Under no circumstances shall anyone other than the "House Electrician" make electrical connections to the facility's electrical system.

Convention Center Staff are only responsible for primary power.

Refunds/Claims will not be considered unless filed by exhibitor three (3) days prior to start of show.

All Exhibitor supplied extention cords must be UL rated and meet facility standards.