



500 East 4<sup>th</sup> Street, Austin, Texas 78701  
 Phone: (512) 482-8000 Fax: (512) 682-2789

**Electrical & Rigging Service Form-** Return at least two weeks (14 days) prior to your event

Client Name:	_____	Event Name:	_____
Telephone:	_____	Dates:	_____
Email:	_____	Hotel Contact:	_____
Meeting Room:	_____	Booth #:	_____
Set-Up Date(s):	_____	Time:	_____

**Electrical Charges**

Quantity	Item	Rate	# Days	Total \$
	20 amp/120V outlet – per day	\$85.00		
	20 amp/208V, single phase – Day 1	\$125.00		
	20 amp/208V, single phase – each per additional day	\$90.00		
	20 amp/208V, three phase – Day 1	\$200.00		
	20 amp/208V, three phase – each per additional day	\$100.00		
	30 amp/120V outlet – per day	\$130.00		
	30 amp/208V, single phase – Day 1	\$175.00		
	30 amp/208V, single phase – each per additional day	\$125.00		
	30 amp/208V, three phase – Day 1	\$200.00		
	30 amp/208V, three phase – each per additional day	\$150.00		
	60 amp/208V, three phase – Day 1	\$255.00		
	60 amp/208V, three phase – each per additional day	\$205.00		
	100 amp/208V, three phase – Day 1	\$675.00		
	100 amp/208V, three phase – each per additional day	\$425.00		
	200 amp/208V, three phase – Day 1	\$995.00		
	200 amp/208V, three phase – each per additional day	\$475.00		
	400 amp/208, three phase – Day 1	\$1,400.00		
	400 amp/208, three phase – each per additional day	\$1,000.00		
	<b>Extension Cord – Flat Fee</b>	\$50.00	N/A	
	<b>Power Strip – Flat Fee</b>	\$50.00	N/A	
		<b>Subtotal</b>		

Note that day one charges above include a one time installation fee for the designated circuits.

**A dedicated quad box allows maximum output of 2000 watts, 120 volts**

**Banner Hanging**

\_\_\_\_\_ hours @ \$40.00 hour/per man = \_\_\_\_\_  
 (Minimum of 1 hour)

**Rigging Points (Coordinate with PS-AV Representative)**

\_\_\_\_\_ @ \$75.00 per point = \_\_\_\_\_

<b>Total:</b>	_____	\$
<b>Sales Tax (8.25%):</b>	_____	\$
<b>Grand Total:</b>	_____	\$

### **GENERAL INFORMATION**

Exhibitor or meeting room power may not utilize any existing wall, column or other existing permanent utility outlets. These are for the sole use of the hotel and are not included in your rental space. Under no circumstances shall anyone other than a qualified hotel electrician place any electrical connections. The Director of Property Operations has the authority to refuse connections where wiring or extension cords constitute a fire hazard. All materials and equipment furnished by Hilton Austin will remain the property of Hilton Austin. **MAXIMUM WATTAGE FOR ANY OUTLET MAY NOT EXCEED 2000 WATTS.**

### **SPECIAL SERVICES**

Special requirements not listed will require the approval of the Director of Property Operations. In those instances where your needs are not itemized in the list on the first page of this document, please describe your requirements and we will do our best to provide power to meet your needs. Please be advised that all prices are subject to change without notice.

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### **In the instance that AV is provided, per contract permission, by a company other than Presentation Services:**

All companies are required to provide independent contractors coverage and personal injury liability insurance with limits of \$1,000,000.00 with such responsible insurance companies satisfactory to us; and, if applicable, worker's compensation insurance to statutory limits, employer's liability insurance with limits of \$100,000.00 and automobile liability insurance covering all owned, non-owned and hired vehicles with limits satisfactory to us. You agree to include Hotel, Hilton and Owner in such policies as additional insured there under. Your insurance will be considered primary of any similar insurance carried by us. You agree to deliver to us at least **two weeks (14) days** prior to your event copies of certificates of insurance for each policy required by us. All outside vendors are required to dress in appropriate professional attire during event times or while in the public viewing. In Show: Suit and Tie. Set / Strike: Logo collar shirt and black pants. Proper closed toe shoes are required to be worn at all times. All crew members are to conduct themselves with the highest level of professionalism.

**Orders must be placed at least two weeks (14 days) prior to the convention/meeting. Late request fulfillment cannot be guaranteed.**

**Credit Card Authorization is on next page**

Distribution: Property Operations/Finance/Event Service Manager/Original to File  
\_\_\_\_\_Initial \_\_\_\_\_Distribution Date



**Hilton Austin 500 E 4<sup>th</sup> Street Austin TX 78701**  
**512-482-8000 and fax 512-682-2789**  
**Credit Card Payment Authorization Form**

**Please complete all areas below. This form must be received – by mail or by fax - at least 14 business days prior to the Event, or by specified date in Event Contract and all areas must be completed in order to ensure order can be executed.**

**Form received via e-mail is not permissible.**

**FAX COMPLETED FORM TO:** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

**HOTEL USE ONLY:**

**Date:** \_\_\_\_\_

Guest / Group Name:		
Check-In / Event Date:		
Name of Person/Group Making Reservation:	Phone:	
Authorized Amount:	Approval Code:	Date:

**CARDHOLDER - Please complete the following section and sign/date below.**

Cardholder Name as it Appears on Credit Card:					
Cardholder Billing Address:					
City:	State:	Zip:			
Daytime /Business Telephone:			Evening Telephone:		
Credit Card Number:			Expiration Date:		
Credit Card Type: (Circle one)					
<input type="checkbox"/> Visa/MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> JCB	<input type="checkbox"/> Diners Club	
Credit Card Issuing Bank Name:			Bank Phone Number (from back of your credit card):		
I agree to cover the following categories of charges: (Please circle)					
<input type="checkbox"/> All Charges	<input type="checkbox"/> Room & Tax	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> IT/Electrical/AV	<input type="checkbox"/> Retail	<input type="checkbox"/> Recreation
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____					
DIRECT BILL ACCOUNT PAYMENTS ONLY:					
Name on Invoice/Statement _____			Date on Invoice/Statement _____		
Invoice/Statement Number _____			Authorized Amount \$ _____		

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.**

Amount to be immediately charged to credit card for room and taxes or deposit: \$ \_\_\_\_\_

Final Balance Billed to Credit Card (hotel use only): \$ \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

\_\_\_\_\_  
 Cardholder Signature: