

EXHIBITOR ELECTRICAL REQUIREMENTS - REQUEST FORM

FUNCTION: Connecticut Association for School Librarians – CASL

DATE: November 9-10, 2008

***PLEASE COMPLETE THIS FORM FOR YOUR ELECTRICAL REQUIREMENTS. IMPORTANT: ONE SINGLE HOTEL OUTLET IS DEFINED AS 110 VOLT ALTERNATING CURRENT, MAXIMUM 1000 WATTS AND MAXIMUM OF 15AMPS (MUST SPECIFY AMPERAGE REQUIRED FOR EACH OUTLET ORDERED). THERE IS A LIMITED NUMBER OF DEDICATED 20 AMP CIRCUITS AND 220V CIRCUITS AVAILABLE.**

NAME OF COMPANY: _____

ON-SITE CONTACT: _____

ADDRESS: _____

CITY, STATE: _____ ZIP CODE: _____

DAY PHONE NUMBER: (____) _____

AUTHORIZED SIGNATURE: _____

PLEASE CHECK THE APPROPRIATE:

____ Yes, I do need an electrical outlets(s) ____ No, I do not need an electrical outlet(s)

Meeting Room: _____ Booth #: _____ Day/Date Required: _____ Time Required: _____

***TYPE OF EQUIPMENT TO BE UTILIZED (PLEASE SPECIFY):** _____

***TOTAL # OF SINGLE (NOT DUPLEX) OUTLETS REQUIRED: # _____**

#1 Outlet: ____ Volts ____ Watts **AMPERAGE (PLEASE SPECIFY)**

#2 Outlet: ____ Volts ____ Watts **AMPERAGE (PLEASE SPECIFY)**

#3 Outlet: ____ Volts ____ Watts **AMPERAGE (PLEASE SPECIFY)**

#4 Outlet: ____ Volts ____ Watts **AMPERAGE (PLEASE SPECIFY)**

***TOTAL # OF DEDICATED 20 AMP CIRCUITS REQUIRED: # _____**

#1 Circuit: ____ Volts ____ Watts

#2 Circuit: ____ Volts ____ Watts

***TOTAL # OF 220V CIRCUITS REQUIRED: # _____**

Type of plug: Name & No. ____ Male ____ Female ____ Watts ____ Amperage ____

Type of Equipment to be utilized (please specify): _____

***PLEASE NOTE: Should a 220 Volt Circuit be required, please also call the Hotel directly with requirements

***TOTAL PRICE (INCLUSIVE OF 6% CT STATE SALES TAX):**

1 Outlet (Single/Not Duplex)	\$21.20	\$ _____
2 Outlets (Double)	\$42.40	\$ _____
3 Outlets (Triple)	\$63.60	\$ _____
4 Outlets (Quad)	\$84.80	\$ _____
# ____ Dedicated 20 Amp Circuit (Limited # Available)	\$42.40/Circuit	\$ _____
# ____ Dedicated 220 Volt/Circuit (Limited # Available)	\$53.00/Circuit	\$ _____

TOTAL BALANCE DUE: \$ _____

Method of payments must be submitted via check.

Checks may be written out to Connecticut Association for School Librarians – CASL

***PLEASE RETURN THIS COMPLETED FORM ALONG WITH PAYMENT TO:**

Connecticut Association for School Librarians – CASL Attention: Anne Weimann
 25 Elmwood Ave
 Trumbull, CT 06611-3594
 Phone: 203-372-2260
 E-Mail: aweimann@snet.net

***IMPORTANT: THIS FORM AND PAYMENT MUST BE RECEIVED BY CASL OCTOBER 31, 2008 TO ENSURE ELECTRICAL SERVICES. THE HOTEL ENGINEER MAY REFUSE CONNECTIONS WHERE WIRING IS NOT IN ACCORDANCE WITH THE CONNECTICUT STATE SAFETY CODES.**

***EXHIBITORS ARE RESPONSIBLE FOR PROVIDING THEIR OWN SURGE PROTECTORS.**