

Show Date: _____

Show Name: _____

Deadline Date: _____

February 8, 2019

Exhibitor Information

Credit Card Authorization

Booth #: _____
 Company: _____
 Contact Name: _____
 Ordered By: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____
 Phone: _____ Fax: _____

Visa Master Card Amex Discover
 Card #: _____
 CID #: _____ Expiration Date: _____
 Payment Amount: _____
 Name (Please Print): _____
 Signature: _____
 Billing Address: _____
 City: _____ State: _____ Zip Code: _____

**A 3.25% ADMINISTRATION FEE WILL APPLY TO ALL CREDIT CARD TRANSACTIONS.
 A 40% SURCHARGE WILL APPLY TO ALL ORDERS PLACED AFTER THE DEADLINE DATE**

Equipment for Exhibitor Booths:

BOOTH PACKAGE INCLUDES: (1) 6' Decorated Table, (2) Folding Chairs, (1) Wastepaper Basket

Skirt Color Options: Black, Blue, Red, Gray, White (Please indicate color requested)

Item	Price	Quantity	Total
4' Decorated Table	\$25.00		
6' Decorated Table	\$28.00		
8' Decorated Table	\$32.00		
4' Decorated Table, 42' High	\$37.00		
6' Decorated Table, 42' High	\$40.00		
8' Decorated Table, 42' High	\$44.00		
4' Undecorated Table	\$22.00		
6' Undecorated Table	\$26.00		
8' Undecorated Table	\$30.00		
4' Undecorated Table, 42' High	\$34.00		
6' Undecorated Table, 42' High	\$38.00		
8' Undecorated Table, 42' High	\$42.00		
Wastebasket	\$2.50		
Easel	\$16.00		
Stanchion (White)	\$16.00		
White Plastic Chain	\$0.50 PLF		
Extra Base & Post	\$20.00		
Plastic Folding Chair	\$2.75		
Black Padded Stool w/ Back	\$34.00		
9'x10' Carpet	\$225.00		
9'x20' Carpet	\$450.00		
9'x30' Carpet	\$675.00		
9'x40' Carpet	\$900.00		
Drape for 4 th Side of Table	6' \$12.50 ; 8' \$15.65		

• TERMS •

ALL CHARGES MUST BE PAID IN ADVANCE BY CHECK, CREDIT CARD, BANK WIRE, OR MONEY ORDER. All prices are subject to 8.625% NY Sales Tax. If credit card is declined or invalid a \$35.00 service charge will be added.

I have read and understand the terms & conditions of my agreement with NYFF Events.

Signature

Date

Electrical Order Form

Home Show February 22 – 24, 2019

SUFFOLK COUNTY COMMUNITY
COLLEGE Sports & Exhibition Complex
1001 Crooked Hill Rd. • Brentwood, NY 11717

Complete this form and return to:

Gordon L. Seaman, Inc.
Alford Electric, Inc.
29 Old Dock Road
Yaphank, NY 11980

PH: 631.567.8000 FAX: 631.567.8273 Email: maria@GordonLSeaman.com

Company Name _____ Booth # _____
Address _____
Phone # _____
Representative (print your name) _____
Signature _____

Qty	Booth Power Devices (See page 2)	*Advance Order Price (before 2/08/19)	Show Order Price	Total Price
	Single 120 volt receptacle 500 watts	\$101.00 + Tax (\$8.71=\$109.71)	\$167.00	
	Single 120 volt receptacle 2000 watts	\$114.00 + Tax (\$9.83=\$123.83)	\$188.00	
	4-Plug 120 volt receptacle 500 watts	\$139.00 + Tax (\$11.99=\$150.99)	\$239.00	
	4-Plug 120 volt receptacle 2000 watts	\$157.00 + Tax (\$13.54=\$170.54)	\$260.00	
	Dedicated 20 amp service	\$182.00 + Tax (\$15.70=\$197.70)	\$301.00	
	Special Requirements	Call for price	Priced Accordingly	
			Subtotal	
		(All orders are taxable)	Sales Tax 8.625 %	
			Total	

All orders must be accompanied by a check in full including sales tax or complete the credit card information sheet attached.

Make checks payable to Alford Electric, Inc.

All items must be paid-in-full before electric service will be installed.

No refunds on unused or undelivered service reported after the show opens.

*In order to receive the Advance Order Price, payment and form must be received by

February 08, 2019 (No Exceptions)

Any order received after, February 08, 2019 must pay the **Show Order Price**

CREDIT CARD AUTHORIZATION FORM

FAX OR E-MAIL COMPLETED FORM TO:

631.567.8273 OR

maria@GordonLSeaman.com

COMPANY _____

CARDHOLDER'S NAME _____

CARDHOLDER'S ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Please charge my:

- VISA MASTERCARD
 AMERICAN EXPRESS

Card #: _____ -- _____ -- _____ -- _____ Exp. Date: _____
Sec. Code _____

I hereby authorize a charge in the amount of \$ _____ as payment for electrical services from Alford Electric, Inc. / Gordon L. Seaman, Inc.

I agree to pay the stated amount in full when billed, or in extended payments in accordance with the standard policy of the issuing credit card company.

Signature of Cardholder: _____ Date: _____

FOR GLS/ALFORD USE ONLY

Show _____ Booth # _____ Approval # _____ Processed _____