



EXHIBITORS/VENDORS FORM

Terms of Service:

The Wyndham Gettysburg has provided this document in order to assist with equipment and service requests for your use during your scheduled function time. In order to service you properly, please read the form in its entirety, select the services as needed, verify form of payment and submit fourteen (14) days prior to your event start date. Forms received after fourteen (14) days may be subject to additional service charges up to 10% of the listed item price or possibly unavailable. All items and services are subject to a taxable 19% service charge and 6% state tax. Please contact the Wyndham Gettysburg at (717) 339-0020 with questions or custom packages. **PLEASE FAX THIS REQUEST TO (717)339-0060 OR MAIL TO 95 Presidential Circle, Gettysburg, PA 17325.**

PLEASE COMPLETE (Highlighted Areas)

Event Name:

Event Start Date:

Event End Date:

Your Company Name:

Contact Name:

Service Start Date:

Service End Date:

Telephone #:

Email Address:

Mailing Address:

BOOTH #

ELECTRICAL (Please fill in)

Item/Service	Fee	x	Quantity	x # of Days	Total
120 volt 20amp circuit	\$25.00				\$0.00
208 volt 20amp single phase circuit	\$55.00				\$0.00
Quad Box	\$150.00				\$0.00
Surge Protector	\$25.00				\$0.00
Electrical Extension Cord	\$10.00				\$0.00
Sub-Total					\$0.00

Communication (Please fill in)

Item/Service	Fee	x	Quantity	x # of Days	Total
Phone Line (Direct Dial - Dial 9)	\$150.00				\$0.00
Telephone	\$50.00				\$0.00
Speaker Phone	\$120.00				\$0.00
Internet - T1	\$250.00				\$0.00
Internet - Wired	\$150.00				\$0.00
Sub-Total					\$0.00

*Dedicated T-1 line -please call for prices.

Audio Visual (Please fill in)

Item/Service	Fee	x	Quantity	x # of Days	Total
LCD Projector & Screen Package	\$275.00				\$0.00
Super VHS & Monitor	\$150.00				\$0.00
DVD & Monitor	\$175.00				\$0.00
CD Player (single disc)	\$75.00				\$0.00
Easel	\$10.00				\$0.00
Flip Chart Easel	\$15.00				\$0.00
Flip Chart Easel w/Pad & Markers	\$25.00				\$0.00
Tape	\$2.00				\$0.00
Pipe & Drape (Per Foot) Black	Call				\$0.00
Sub-Total					\$0.00

Sum of All	\$0.00
19% Service Charge	\$0.00
6% PA State Tax	\$0.00
TOTAL OF ALL	\$0.00

Form of Payment

Cash Amount:

Credit Card Type:

Expiration Date:

Check #: Amount:

Credit Card #:

By signing below I authorize the services, charges, and payments as stated in this form. I understand that services are limited to date of request(s) and equipment/service availability.

Signature of authorization:

Date of authorization: