



MN Medical Group Management Association

August 4-5, 2010

Vendor Electrical Form

Company Name _____ Contact Person _____

Street Address _____

City _____ State _____ Zip _____ Ph. _____

STANDARD ELECTRICAL SERVICE
 BOOTH Number _____ (if known)

	<u>Quantity</u>	<u>Advance Rate</u>	<u>Floor Rate</u>
120 Volts – Per Single Receptacle			
20 amp (2200 watts)	_____	\$25.00	\$40.00

(Situations needing over 20 amps will require additional 20 amp services.)

SERVICE ACCESSORIES – Rental Only

	<u>Quantity</u>	<u>Advance Rate</u>	<u>Floor Rate</u>
Power Strip (15 amp maximum)	_____	\$15.00	\$25.00

INTERNET SERVICE

	<u>Quantity</u>	<u>Advance Rate</u>	<u>Floor Rate</u>
Internet Data Line	_____	\$75.00	\$100.00

PAYMENT INFORMATION

Company Check: # _____ Order Total \$ _____

MasterCard, Visa, Discover and American Express Cards Accepted

Cardholder Name _____

Card Number _____ Expiration Date _____

Authorized Signature _____

MAIL THIS COMPLETED FORM WITH PAYMENT TO:
Arrowwood Resort & Conference Center
2100 Arrowwood Lane NW, Alexandria, MN 56308
Ph: 320-762-1124 Fax: 320-762-0133

ADVANCE RATES: Apply only to orders paid in full and received by July 30, 2010
FLOOR RATES: Must be paid at time of move in for all other orders. NO EXCEPTIONS.