

# ORDER ONLINE AT [www.CHIHealthCenterOmaha.com](http://www.CHIHealthCenterOmaha.com)



EXHIBITOR  
UTILITIES / TECHNICAL  
SERVICES ORDER FORM  
  
**5 DAY EVENT**



### PRICING DEADLINE

ORDER MUST BE RECEIVED BY FAX OR POSTMARKED 7 CALENDAR DAYS BEFORE MOVE-IN DATE FOR ADVANCE (Adv.) RATE OTHERWISE STANDARD (Std.) RATE APPLIES

Information Technology				
WIRED INTERNET	Qty.	Adv. Rate	Std. Rate	Total
Shared Wired Broadband Internet Up to 5 MB (1st PC)		\$ 175.00	\$ 206.25	
~Additional PCs Up to 5 MB		108.75	128.00	
Dedicated Wired VLAN Up to 5 MB		400.00	468.75	
~Additional PCs on Dedicated VLAN Up to 5 MB		231.25	268.75	
WIRELESS INTERNET	Qty.	Adv. Rate	Std. Rate	Total
Wireless Broadband Internet Up to 5 MB (1st device)		\$ 131.25	\$ 153.00	
~Additional Wireless devices		32.50	38.75	
VOICE	Qty.	Adv. Rate	Std. Rate	Total
Analog Phone Line / Credit Card Line / Fax line		\$ 175.00	\$ 206.25	
ISDN		295.00	368.75	
Long Distance Deposit		35.00	43.75	
EQUIPMENT RENTAL	Qty.	Adv. Rate	Std. Rate	Total
PC / Laptop Rental - per day		\$ 155.00	\$ 193.75	
Black/White Laser Printer - per day		168.75	206.25	
<b>Total Information Technology: \$</b>				
<i>Other Services Available Upon Request</i>				
<small>Internet includes web browsing and internet e-mail. See Rules &amp; Regs for details. Wireless networks are forbidden without express written permission of MECA. Long distance available with non refundable deposit</small>				

Mechanical				
	Qty.	Adv. Rate	Std. Rate	Total
Compressed Air		\$200.00	\$250.00	
~Additional Air Lines		57.00	71.25	
Natural Gas Line w/1/2" connection		200.00	250.00	
~Additional Gas Lines		57.00	71.25	
Sink Connection/drain (continuous)		315.00	393.75	
Fill/drain tank/spa 500g max (1 fill / 1 drain)		145.00	181.25	
Fill/drain tank/spa 500-1,000g max (1 fill / 1 drain)		205.00	256.25	
Fill/drain tank/spa 1,000g +		<i>call for pricing</i>		
<b>Total Mechanical: \$</b>				
<small>Compressed Air: Exhibitor must supply own drier or regulator for critical applications. 1/2" Universal Quick Disconnect w/ 3/8" line required. Natural Gas: Low pressure gas. Available in limited locations (on interior columns). Exhibitors using natural gas must supply a fire extinguisher in their booth.</small>				

Electrical				
	Qty.	Adv. Rate	Std. Rate	Total
120v, 20 Amp (standard outlet)		\$96.25	\$137.50	
208v, 30 Amp, Single Phase		151.25	216.25	
208v, 50 Amp, Single Phase		188.00	268.75	
208v, 20 Amp, 3 Phase		173.00	247.00	
208v, 30 Amp, 3 Phase		259.50	370.75	
208v, 40 Amp, 3 Phase		345.75	493.75	
Extension Cords & Power Strips		<i>call for pricing</i>		
24 Hour Power		<i>call for pricing</i>		
<b>Total Electrical: \$</b>				
<i>Other Services Available Upon Request</i>				
<small>Custom Services: Hard wire connection including lighting, more than 3 outlets ordered, antenna or satellite downlink connections, booth to booth cable runs, overhead power and changes to orders are at the discretion of the Electrician. 480v available in limited locations, please call for specifics.</small>				

**Banner & Sign Hanging**

Contact MECA for quote (402) 599-6703 or exhibitorservices@omahameca.com

**Shipping/Receiving**

**The facility does not accept shipments.**  
Contact show decorator. If no show decorator is designated, contact T.L.K. for freight services at (402)-457-7992.

**Exhibitor Information**

**ALL INFORMATION IS REQUIRED**

Event Name \_\_\_\_\_

Company Name \_\_\_\_\_ Booth # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail: \_\_\_\_\_

On Site Contact: \_\_\_\_\_

By signing below, I acknowledge that I have read, understand, and agree to the terms stated in the Utility/Technical Services Rules & Regulations as well as the Exhibitor Rules & Regulations. All Rules & Regulations documents are available at [www.centurylinkcenteromaha.com](http://www.centurylinkcenteromaha.com).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Services Grand Total: \$**

**Payment Information**

**FULL PAYMENT FOR SERVICES ORDERED MUST ACCOMPANY THIS FORM**  
**NO PERSONAL CHECKS ACCEPTED**

\_\_\_\_\_ Company Check (Payable to MECA) **{U.S. Funds Only}**

**CREDIT CARD INFORMATION:**  
 \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Company/Cardholder's Name \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Are You The Cardholder ( ) Yes ( ) No    Is This a Corporate Card ( ) Yes ( ) No

This Card will be used to pay for charges by the following authorized users: (please print)

1) \_\_\_\_\_ 2) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

**Security Code (required)** \_\_\_\_\_

By signing below, I acknowledge and agree that if the Exhibitor Services Order Form is received by fax or post marked after the 7-day advance order deadline, I will no longer be eligible for the Advance rates and my card will be charged the Standard rates.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MECA Contact Information:**

**455 N 10th Street, Omaha, NE 68102**  
**Phone: (402) 599-6703 Fax: (402) 599-6725**  
**Website: [www.CHIHealthCenterOmaha.com](http://www.CHIHealthCenterOmaha.com)**  
**E-mail: [exhibitorservices@omahameca.com](mailto:exhibitorservices@omahameca.com)**

25% additional charge per day over 4 days. Please use the 5 Day Event order form.