REGENCY		Please return all completed forms to: Gabrelle German, Catering Administrative Assistant One South Capitol Avenue Indianapolis, IN 46204 317.616.6077 (phone) or 317.616.6079 (fax) <u>Gabrelle.German@hyatt.com</u>						
		E	chibitor Service	Form				
			ise Print or Type all information of					
Convention Name	Contact N							
Company Name				ontact/Cell				
Address	Event Date			es				
City	Requested			d Set Up Time				
State	Zip Code Reques			d Tear Down				
Telephone #	Function			oom				
Fax #	x #			Location				
e-mail address	all address			ate:				
Print Name: Authorized Signature:								
	All re-	quests mu	t be approved by Hotel	and Group Contact.				
			not identify a form of pay		red.			
	Advance orders must be re	eceived 7	business days prior to eve	ent, otherwise floor orde	er pricing will apply.			
				-				
			Electrical Service Per					
				on cord. All electrical charges are on a daily basis.			Drice Tatal	
	# of Days	Quantity 0	Advance Order \$50.00	Floor Order \$75.00	\$	Price Total	-	
(1) 120v circuit (1) 208v, single phase circuit		0	0	\$80.00	\$120.00	\$		-
				1	Sales Tax (7%)	\$		-
			Total Electri	ical Service		\$0.00		
			Additional Electrical I					
		# of Days	Quantity	Advance Order	Floor Order		Price Total	
Extension cord (25' or 50')		0	0	\$25.00 \$25.00	\$40.00 \$40.00	\$		-
Power strip Spider box = (6) 20 amp circuits		0	0	\$25.00 \$300.00	\$40.00 \$500.00	\$ \$		-
5piddi 60x -		<u> </u>		4000.00	Sales Tax (7%)	۹ \$		-
				Total Additional	Electrical Items	Ť	\$0.00	
						•	•	
			Boxes and Deliver					
	All boxes are charged a standard rec	eiving fee. I				ζ.		
Description # of boxes to be shipped to Hotel (up to 50 lbs)			Quantity		ivery Fees (per box)	¢	Price Total	
# of boxes to be shipped to Hotel (Up to 50 lbs) # of boxes to be shipped to Hotel (50-100 lbs)			0	\$8.00 \$13.00		\$		-
	shipped to Hotel (100 lbs or more)		0	\$53.00		\$		-
	# of pallets shipped to Hotel			\$75.00		\$		-
				Total Boxes	and Delivery		\$0.00	
Credit Card #:				Total Electrical Services			\$0.00	
Cardholder Name:				Total Additional Electrical Items			\$0.00	
Expiration Date:				Total Boxes and Delivery Total All Services			\$0.00	
Check #:				Iotal All	Services		\$0.00	