



Exhibitor Service Request Form

Organization Name: \_\_\_\_\_ Booth #: \_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_ Start Time: \_\_\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ End Time: \_\_\_\_\_

**Equipment Requirements**

Equipment	Qty	Price	Total
110V Outlet with Extension Cord*		\$15 <sup>00</sup>	
Extra Extension Cable*		\$15 <sup>00</sup>	
Power Strip*		\$15 <sup>00</sup>	
Gray Box (3 20-Amp Circuits)*		\$80 <sup>00</sup>	
Wired High-Speed Internet Line		\$150 <sup>00</sup>	
60" LED TV (Cabling and Adapters Included)		\$550 <sup>00</sup>	
24" LCD Monitor (Cabling and Adapters Included)		\$115 <sup>00</sup>	
3M Post-It Flipchart and Stand (With Adhesive Back)		\$40 <sup>00</sup>	
Flipchart Stand (No Paper)		\$15 <sup>00</sup>	
Whiteboard and Markers		\$25 <sup>00</sup>	

*\*Due to safety and fire code, extension cables from outside the hotel aren't permitted.*

If you have any additional requirements, please contact Mike Boss (mboss@ahchospitality.com) for a quote.

*Any completed forms that do not include Tax and Service Charge will have both charges automatically added during the billing process. If your organization is tax-exempt, please include a copy of your certificate or supporting documentation when returning this form.*

Total:	\$	_____
Days Required:	X	_____
Sub Total:	=	_____
6% Sales Tax	+	_____
23% Service Charge	+	_____
GRAND TOTAL:	=	_____

*Credit Card link to be sent by Convention Manager after receiving this form.*

Contact Number: \_\_\_\_\_ Cell / Office (Circle One)

Exhibitor's Email Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed Form to: Abby Graham, [abgraham@ahchospitaliy.com](mailto:abgraham@ahchospitaliy.com) 616-776-3259  
Amway Grand Plaza | 187 Monroe Ave NW | Grand Rapids, MI 49503 | Fax: 616-776-6477**