



POWER SOURCE

Trade Show Specialists



13750 WEST COLONIAL DR. SUITE 350-362
 WINTER GARDEN FL, 34787
 TEL: (407) 351-4158 FAX: (407) 704-2454
 ORDERS@POWERSOURCESERVICES.COM

Booth #:

SHOW NAME: FASFEPA 2026

LOCATION: WORLD GOLF VILLAGE

DATE: MARCH 31ST-APRIL 2ND

ADVANCED DEADLINE: TUESDAY MARCH 17TH

BELOW PRICES ARE FOR ENTIRE EVENT, NOT PER DAY

120 VOLTS	QUANTITY	ADVANCED RATE	REGULAR RATE	COST
0-1000 WATTS (10 AMPS)		90.00	120.00	
1001-1500 WATTS (15 AMPS)		100.00	140.00	
1501-2000 WATTS (20 AMPS)		120.00	168.00	
FACILITY HOOK UP FEE REQUIRED WITH EACH ORDER				20.00

EXTENSION CORDS (ELECTRICITY NOT INCLUDED)

	QUANTITY	ADVANCED RATE	REGULAR RATE	COST
SINGLE OUTLET		16.00	20.00	
POWER STRIP		20.00	25.00	

208 VOLT SERVICES SINGLE PHASE

	QUANTITY	ADVANCED RATE	REGULAR RATE	COST
20 AMP		240.00	300.00	
30 AMP		280.00	350.00	

LIGHTING EQUIPMENT (INCLUDING CURRENT CONSUMED)

	QUANTITY	ADVANCED RATE	REGULAR RATE	COST
LED CLAMP ON FOR ROLL UP DISPLAY		50.00	65.00	
LED CLAMP ON FOR LARGER DISPLAY		50.00	65.00	

FOR WATER OR COMPRESSED AIR SERVICES PLEASE CALL FOR QUOTE

LABOR

	QUANTITY	ADVANCED RATE	REGULAR RATE	COST
ST MON.-FRI. 8:00am - 4:30pm (Except Holidays)		60.00		
OT MON.-FRI. 4:30pm - 8:00am (Sat/Sun/Holidays)		90.00		

FULL PAYMENT DUE PRIOR TO SHOW OPENING

SUBTOTAL:	\$
6.5% SALES TAX:	\$
TOTAL DUE:	\$

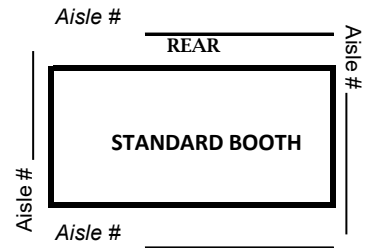
DEDICATED CIRCUIT OR 24 HOUR SERVICE REQUIRED? YES ___ NO ___
 If Yes, Add \$50 to Electrical Service Connection Charge.

Power Will Be Placed At The Rear Of The Booth. Any Other Locations Will Be Installed On A Time & Materials Basis. Please Provide A Floor Plan Indicating The Desired Location. THERE IS A MINIMUM LABOR CHARGE OF (1) HOUR FOR HOOK-UP AND 1/2 HOUR TO DISMANTLE PLUS MATERIAL USED FOR 208 VOLT SERVICES.

REFUND MUST BE REQUESTED 7 DAYS PRIOR TO SHOW OPENING. PERMANENT WALL OUTLETS ARE NOT APART OF BOOTH SPACE. ADDITIONAL POWER REQUIRED

SPECIAL INSTRUCTIONS

HOTEL BALLROOM SHOWS MAY REQUIRE 1/2 HOUR OF LABOR TO BRING POWER TO BOOTH. IF THIS IS THE CASE YOUR INVOICE WILL BE ADJUSTED ACCORDINGLY.



Payment Method: _____ Mastercard _____ Visa _____ AMX _____ Check

CREDIT CARD #	EXP DATE:
CARDHOLDERS NAME: (PRINT)	SEC CODE:
AUTHORIZED SIGNATURE:	CARDHOLDERS ZIP:
IF YOU WOULD LIKE AN ELECTRONIC INVOICE LEAVE CREDIT CARD INFO BLANK AND WE WILL SEND YOU IT VIA EMAIL	
FIRM NAME:	EMAIL:
ADDRESS:	TELEPHONE:
CITY/STATE/ZIP	FAX:
SIGNATURE:	PRINT NAME:

IF ORDERS ARE FAXED, THE FAX WILL BE YOUR RECEIPT.