



Drury Lane Theatre & Conference Center
Electrical Order Form

Name of Event: _____

Event Date: ____/____/____ Start Time: ____:____ am/pm

Electrical services apply to the general public, all General Contractors, Show Management, Production and Audio Visual Companies working in the Drury Lane whether the event is open or closed to the public. Electrical services are managed by Midwest Conference Service (MCS).

Drury Lane and MCS are not responsible for power failures beyond ordinary control. We reserve the right to refuse connections where wiring constitutes a safety/fire hazard, or conflicts with electrical / fire codes. Electrical connections will be inventoried at the show site and any additional power will be charged to the exhibitor. Cancellations must be received no less than seventy-two (72) hours in advance or full rates will apply. Payments for all labor, services, materials, equipment, etc. will be the responsibility of the exhibitor.

This service order form must be completed and faxed back no later than 30 days prior to show or service date, in order to receive discount pricing, otherwise standard rates will be applied. Rates include bringing power to back of booth. All electrical work must be done by House Electrician's.

Quantity	Type of Service	Discount	Standard	Total
	110 Volt – 20 AMP Circuit with ONE Outlet	\$125.00	\$160.00	
	220 Volt – 20 AMP Circuit with ONE Outlet	\$175.00	\$262.50	
	1 Phone Line	\$125.00	\$187.50	
	1 High Speed Internet Access Line (NIC Card Required, wireless not available)	\$300.00	\$375.00	

COMPANY NAME: _____ Booth # or Event Area: _____

CONTACT NAME: _____ PHONE#: (____) _____ - _____

EMAIL: _____@_____._____ (YOU WILL BE SENT AN EMAIL CONFIRMATION OF ORDER.)

BILLING ADDRESS: _____ City: _____ State: _____ Zip: _____

Company Check Check # _____ Authorized Signor Name: _____

All payments are to be made to: Midwest Conference Service (MCS)
35 North Garden Avenue, Roselle, Illinois 60172, Phone (630) 351-3976, Fax (630) 351-4118

Company Credit Card Company and/or Cardholder Name: _____

American Express MasterCard Visa Discover Card

Account #: _____ Expiration Date: ____/____ CCV# _____

Cardholder Signature: _____ Printed Name: _____

PLEASE FAX ORDER FORM WITH CREDIT CARD INFORMATION TO MCS AT (630) 351-4118.