



CONGRESSMAN SOLOMON P. ORTIZ
INTERNATIONAL CENTER

A PORT CORPUS CHRISTI PROPERTY PROFESSIONALLY MANAGED BY  SPECTRA
BY COMCAST SPECTACOR

Equipment Service Order

Name of Event	_____	Event Date	<input type="text"/>
Company Name	_____	Booth #	<input type="text"/>
Contact Name	_____	Phone	<input type="text"/>
Email Address	_____		

Electrical Needs

110v, 20amps	<input type="text"/>	\$40.00	<input type="text" value="\$ -"/>
220v, 100amps	<input type="text"/>	\$125.00	<input type="text" value="\$ -"/>
Power Strip	<input type="text"/>	\$15.00	<input type="text" value="\$ -"/>
Extension Cord	<input type="text"/>	\$10.00	<input type="text" value="\$ -"/>
Tape Down Service	<input type="text"/>	\$10.00	<input type="text" value="\$ -"/>

Equipment / Misc. Needs

Extra 8ft Table, Cloth/Skirted	<input type="text"/>	\$25.00	<input type="text" value="\$ -"/>
Additional Chairs	<input type="text"/>	\$2.00	<input type="text" value="\$ -"/>
Banner Hanging	<input type="text"/>	\$25.00	<input type="text" value="\$ -"/>
		Sub Total	<input type="text" value="\$ -"/>
		20% Management Charge	<input type="text" value="\$ -"/>
		8.25% Sales Tax	<input type="text" value="\$ -"/>
		TOTAL DUE	<input type="text" value="\$ -"/>

PAYMENT INFORMATION

Credit Card Number:	_____		
Expiration Date	<input type="text"/>	CVV Code:	<input type="text"/>
Name on Card	_____		
Billing Address:	_____		

I agree to pay the above total amount according to the card issuer agreement

Authorized Signature: _____

Please submit this request to Neil_Fox@ComcastSpectacor.com
no later than 5pm on Friday, September 25th, 2015.

