



2012 SC Emergency Care Symposium EXHIBITOR APPLICATION

Mail to: South Carolina EMS Network, Inc.
3201 Leaphart Road – W. Columbia, SC 29169
Phone (803) 794-3940 Fax (803) 794-3941

Please Print! Complete this section as it should appear in show-related information.

Contact Name: _____ Phone: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please provide a brief description of your exhibit. Include website and email address.

Confidential Billing Information:

Billing address (if different from above) _____

Billing Contact: _____ Direct Phone: _____

Exhibit Contact (attending show) _____ Phone: _____

Exhibitor Choice of Booth:

- \$600.00 per 10' x 10' space
 \$500.00 for each additional 10' x 10' space
 \$650.00 for each Ambulance, \$700 for each Crash Vehicle (limit two per company)
 \$475.00 for each outdoor space (limited space available - first come, first served)
(Display Vehicles not registered with the Symposium will be prohibited from entering the hotel parking area)

50% due with registration by March 1, 2012, all balances due no later than March 15, 2012.

Payment: Attached is Exhibitor's Check # _____ payable to South Carolina EMS Network, Inc.

Please bill my Visa MasterCard card # _____ Exp _____

Cardholders billing address: _____

Cardholder's signature: _____

Exhibitor fully understands and agrees that this application constitutes an agreement and shall become binding upon its acceptance by the South Carolina EMS Network, Inc. for exhibit space, and is subject to the terms, conditions and rules and regulations enclosed.

Applicant's Authorized Signature: _____ Title: _____ Date: _____

For Office Use Only - Date Payment Received _____ Amount \$ _____ Check # _____

Booth Assignment _____ Approved by: _____

9800 Queensway Blvd.
 Myrtle Beach, SC 29572
 Phone: (843) 497-1000
 Fax: (843) 497-1730

**Kingston Plantation
 A Hilton and
 Embassy Suites Resort**



Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. Do not send completed form by email.

**Fax Completed Form to: 843-497-1730
 Attention: Accounting**

ATTN: _____

HOTEL USE ONLY:

Date: _____

Guest / Group Name:		
Check-In / Event Date:		
Name of Person/Group Making Reservation:	Phone:	
Authorized Amount:	Approval Code:	Date:

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:				
Cardholder Billing Address:				
City:	State:	Zip:		
Daytime /Business Telephone:		Evening Telephone:		
Credit Card Number:		Expiration Date:		
Credit Card Type: (Circle one)				
Visa/MasterCard	American Express	Discover	JCB	Diners Club
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):		
I agree to cover the following categories of charges: (Please circle)				
All Charges	Room & Tax	Food & Beverage	Retail	Recreation
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____				
DIRECT BILL ACCOUNT PAYMENTS ONLY:				
Name on Invoice/Statement _____		Date on Invoice/Statement _____		
Invoice/Statement Number _____		Authorized Amount \$ _____		

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____

Attention: Accounting
Fax: 843-497-1730

ELECTRICAL ORDER FORM

NAME:
PHONE:
NAME OF CONFERENCE:

BOOTH NUMBER:

LOCATION:
SETUP DATE/TIME:
DATE OF CONFERENCE:

IMPORTANT CONDITIONS AND REGULATIONS:

1. Wall, column and permanent building utility outlets are not a part of booth space and are not to be used by exhibitors unless specified otherwise.
2. All equipment, regardless of source of power, must comply with all federal, state and local safety codes.
3. Use of open personal power strips is prohibited.
5. Prices based upon current wage rates and are subject to change without notice.
6. Under no circumstances shall anyone other than "house electrician" make electrical connections.
7. Special equipment requiring company engineers or technicians for assembly, servicing, preparatory work and operation may be executed without "house electrician".
8. All equipment must be properly tagged and wired with complete information as to type of current, voltage, phase, cycle, horsepower, etc.
9. All exposed non-current carrying metal parts of fixed equipment, which are liable to be energized, shall be grounded.
10. Rates quoted for all connections over only the bringing of service to the booth in the most convenient manner and do not include connecting equipment for special wiring.
11. Orders must be received a minimum of seven (7) days prior to exhibitor arrival for move in.

PLEASE FILL OUT THE FOLLOWING

Electrical Service Required

110 Volt AC Standard Service

# of Outlets		Total
___ 5 Amps/500 Watts	\$40.00	___
___ 20 Amps/2200 Watts	\$75.00	___
___ 60 Amps/6600 Watts	\$150.00	___
	Total	___

NOTE: Prices include (1) loaned 25' extension cord. Exhibitors will be charged \$25.00/+ tax for unreturned cord.

208 Volt AC Single Phase

___ 50 Amp Service	\$150.00	___
___ 100 Amp Service	\$300.00	___
(three phase available in Kensington Ballroom only)		
	Total	___

NOTE: Any direct wiring required will be completed by a certified house electrician at the flat rate of \$85.00/hr. With a 1 hour minimum.

208 Volt AC Three Phase

___ 50 Amp Service	\$250.00	___
___ 100 Amp Service	\$450.00	___
	Total	___

NOTE: All electrical services must be ordered within 7 working days of the event. Any additional charges incurred on the day of the event will be accessed at the rate listed above plus 22% service charge.

SIGNATURE: _____ DATE: _____