

MARYLAND STATE FAIR – TIMONIUM, MARYLAND

SHOW NAME: Maryland Home & Garden/Holiday Craft Show - **Cow Palace**

Booth(s)#: _____			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact Name: _____	Phone: _____		

*We cannot guarantee service prior to show opening for orders received after **10/11/08***

No orders will be processed unless accompanied by payment in full.

*No credits or refunds for unused services. All electrical equipment **must** meet UL standards for its use.*

CONNECTION FEES

Power	Advance Rate	Late Rate	Quantity	Amount
1 - 120V 5Amp (500watts) shared with 3 other booths	\$40	\$60	_____	_____
1 - 120V/20Amp and 1 duplex receptacle at rear of booth	\$100	\$150	_____	_____
2 - 120V/20Amp and 2 duplex receptacles at rear of booth	\$120	\$180	_____	_____

FEES FOR HARD CONNECTIONS

Hard wired equipment **must be** in place 24 hours before show opening or **connections cannot be guaranteed**. All exhibitors with equipment that is hard-wired will be disconnected the morning following the show; If the exhibitor requires additional time you **MUST** notify our office for pricing and scheduling.

Power	Advance Rate	Late Rate	Quantity	Amount
208V/20amp Single Phase	\$120	\$180	_____	_____
208V/30amp Single Phase	\$150	\$220	_____	_____
208V/60amp Single Phase	\$220	\$330	_____	_____
208V/30 amp Three Phase	\$165	\$250	_____	_____
208V/60 amp Three Phase	\$275	\$410	_____	_____
If a receptacle is required for this equipment, Please note NEMA number here _____				

OPTIONAL SERVICES

500 Watt Flood	\$60	\$80	_____	_____
If 480 volt or 277 volt service is required, please call for special pricing.		TOTAL		

Electric will be available **24 hours** a day. Neither the Maryland State Fair, nor the show management is responsible for voltage fluctuations or power failures. Rates listed above are valid only if 5 or more exhibitors order electric service.

METHOD OF PAYMENT:

Company Check: Please make all checks payable to **Maryland State Fair**.

Credit Card (we accept all major credit cards):

Cardholder Name (please print): _____

Credit Card Number: _____

Expiration Date: _____/_____/_____

Cardholder Signature: _____

Mail Form & Payments to:
MARYLAND STATE FAIR
P.O. Box 188
Timonium, Maryland 21094

Phone: 410-252-0200

Fax: 410-561-5610

FOR OFFICE USE ONLY
Authorization: _____