# COMPLETION REQUIRED

## FORM MUST BE SIGNED & RETURNED REGARDLESS OF NEEDS TO:

Hyatt Regency Crown Center Convention Services Department 2345 McGee Street Kansas City, Missouri 64108 Phone: (816) 421-1234 Fax: **(816) 398-4931** 

# CONTACT INFORMATION

Company Name:	
Company Contact:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	

# EVENT INFORMATION

Event/Show Name:	
Exhibit Dates:	
Booth Number:	
Onsite Contact:	

# STANDARDS & SIGNATURE

## NON-FLAMMABLE MATERIALS

All materials used in the Hotel MUST be non-flammable to comply with the Fire Regulations of Kansas City. Material not conforming to such regulations will be removed immediately at the exhibitor's expense.

## SPECIAL NOTICES

No nails or bracing wires used in erecting displays may be attached to the building. All property destroyed or damaged by exhibitors must be replaced to its original condition by the exhibitor or at the exhibitor's expense.

#### LIABILITY

The Hotel will not be responsible for any injury, loss or damage that may occur to the exhibitor, the exhibitor's employees or property, or to any other person, prior, during or subsequent to the period covered by the exhibit contract, provided said injury, loss, or damage is not caused by the willful negligence or wrongful act of an employee of the Hotel. Each exhibitor expressly releases the Hotel from such liability and agrees to indemnify the Hotel against any and all claims for such injury, loss, or damage.

## INSURANCE

Exhibitors who desire to carry insurance on their exhibits must place it at their own expense.

#### PAYMENT

All charges incurred by each exhibitor must be paid in full prior to hook-up taking place.

#### MISCELLANEOUS

Signature:

All requests for services after your arrival are subject to the availability of equipment and staff. All advance orders will be given priority. If you are not certain of your requirements, please call for assistance. These standard conditions for exhibits and displays apply whether electrical, phone or high-speed Internet services are utilized or not. No services will be provided without a signed copy of this form or before payment is received. Please retain a copy for your records.



Date:

## **Check Here if No Services Required**

#### HYAIT CROWN CENTER

\$34.00/DOZ **GRANOLA/ENERGY BARS** \$30.00/DOZ

**COOKIES/BROWNIES** 

Quantity

SOFT DRINKS/BOTTLED WATERS \$3.25 EACH **COFFEE & HOT TEA** \$46.00/GALLON

Let us cater your hospitality! Call 816-421-1234 and ask for Catering

FOOD AND BEVERAGE NEEDS

Quantity

Call to make arrangements and to get a price quote

120 VOLT - SINGLE PHASE - 60 CYCLE

10% Price Increase applied to orders requested under 48 hours

208 VOLT - SINGLE PHASE & 3 PHASE POWER

Surge Protectors & Multi-Plug Strips must be provided by Exhibitor

8 PORT (allows access for 7 computers) \$100.00 One-Time Fee 16 PORT (allows access for 15 computers) \$200.00 One-Time Fee ELECTRICAL SERVICES

1000 WATTS/10 AMPS

2000 WATTS/20 AMPS

\$3,500.00 One-Time Fee

**DEDICATED T-1 LINE** 

500 WATTS/5 AMPS

1500 WATTS/15 AMPS

3000 WATTS/30 AMPS

LONG DISTANCE

& DIRECT-IN-DIAL

SPEAKER PHONE

\$350.00 Installation & First Day \$100.00 Each Additional Day Full 1500 kilobits (2 week notice requested)

\$50.00 One-Time Fee

\$ 60.00

\$ 80.00

**COMPUTER HUBS** (for additional connections in same location)

\$ 50.00

\$70.00

\$ 100.00

4 PORT (allows access for 3 computers)

(4) \$50.00 Each Additional Day Full duplex phone w/ DID & Long Distance \$150.00 Installation & First Day

\$1.00/Call; Plus \$.25 per minute; Plus AT&T LD rates

\$1.00/800# Calls Using LD carrier (other 800#'s free)

10-digit private #; can be called directly w/o operator

\$75.00 Each Additional Day

\$1.00/Call; Plus \$.25 per minute; Plus AT&T LD rates

50% of First Day Fee applied to orders requested under 48 hours

# INTERNET SERVICES

STANDARD HIGH-SPEED

Includes Cable, Set-up & Dynamic Address

\$50.00 Installation & First Day \$25.00 Each Additional Day \$1.00/Call Outside Hotel

(2) \$150.00 Installation & First Day



# EMEN SERVICE AGRE **OOTH** $\mathbf{n}$

Total Amount of Services:		
No Service Required	Check enclosedCredit Card(Copy of Check if Form Faxed)(Complete Belo	
redit Card:		
(p:		

# PAYMENT INFORMATION