

ATTENTION

Please contact French Lick Resort for
your electricity requirements



FRENCH LICK RESORT®
FRENCH LICK & WEST BADEN · INDIANA

Exhibitor Order Form

GROUP ID: _____ Booth #: _____

Event Information

Event Name: _____ Dates: _____

Contact Information

Company Name: _____ On-Site Contact: _____

Electrical

	Quantity	Days	Daily Rate	Total
120 Volt Outlet (20 amps)			\$50.00	
208 Volt Outlet (20 amps)			\$80.00	
208 Volt (30 amp) - Exhibition Hall Only			\$90.00	
208 Volt (50 amp) - Exhibition Hall/Windsor Only			\$ 100.00	
208 Volt Outlet (0 - 20 amps - 3 wire conductor) - Hoosier Only			\$ 125.00	
Addition Power Strip w/ Extension Cord			50.00	
			Electric Total:	
			7% Sales Tax:	

Audio/Visual

	Quantity	Days	Daily Rate	Total
42" Samsung LCD TV			\$ 200.00	
55" LG LED TV			\$ 300.00	
65" Samsung LED TV			\$ 400.00	
80" Sharp LED TV			\$ 500.00	
Blu-Ray Player			\$75.00	
Windows Laptop			\$ 150.00	
Video Cables (VGA, HDMI, ET etc.)			\$25.00	
LED Par Uplight			\$50.00	
5' Easel			\$20.00	
			AV Total:	
			7% Sales Tax:	
<i>The a/v service fee is calculated by adding the a/v total multiplied by the 21% only (no tax)</i>			21% AV Svc Fee:	

Equipment

	Quantity	Days	Daily Rate	Total
Rug (Mandatory for Vendors Cooking)			\$20.00	
Pallet Jack			\$50.00	
Facility Personnel - By the Hour	hours		\$50.00	
Genie Personal Lift*			\$ 400.00	
Fork Lift* - (Must be operated by facilities personnel)			\$ 400.00	
<i>Please provide Plug Configuration for 208 Power Requests for ALL 208 Power Needs</i> <i>There will be a \$75 plus total of all charges for any requests added day of</i>			Equip Total:	
			7% Sales Tax:	
			Total:	



RES ID: _____ Booth #: _____

Exhibitor Payment & Acknowledgement Form

Event Information

Event Name: _____ Dates: _____

Contact Information

Company Name: _____

Address: _____
City State Zip Code

On-Site Contact Name: _____

Email: _____ Cell Phone: _____

Payment Information

*For your security, **DO NOT** write the credit card number on this form. A Resort Revenue Agent will contact for payment information prior to your event. Please check the box below if you would like a copy of your*

Cardholder Signature: _____ Receipt: ☐

Address: _____
City State Zip Code

Phone Number: _____ Last Four Digits of Credit Card: _____

Total Amount to be charged _____ (from pg.5)

AGREEMENT ACCEPTANCE: The exhibitor acknowledges that a duly authorized representative of the exhibiting company has read, understands and accepts the terms and conditions of the agreement and guidelines.

Signature: _____ Date: _____

Disclaimer

The resort is not responsible for any lost, stolen, damaged, or misdirected equipment, personal items, or business related property brought onto the premises by an Exhibitor, Guest, Group Contractor, etc. This includes items that are in Resort facilities outside of event hours.

This Form along with the Completed Exhibitor Order Form must be received a minimum of 3 Weeks prior to your arrival.

Please email to exhibitor@frenchlick.com, for any questions please call 812-936-5824.

Please Do Not Write Below - For French Lick Resort Office Use Only

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV Code: _____

V1.0 10/19