

**Exhibitor Service Order Form**  
**MD/DC Respiratory Care Conference by the Sea 2009**  
 This form includes information needed for handling electric and other services. Please complete and forward to the  
**Carousel Resort Hotel & Condominiums**

**ELECTRICAL:** All power for exhibits is 110 volts, single phase.

**EXHIBIT MATERIAL STORAGE:** The Hotel **does not** accept exhibit materials delivered sooner than one week prior to the Convention date. No freight deliveries accepted unless prior manpower is sent to remove deliveries from the truck. Arrangements to be made with the Director of catering at least twenty-four (24) hours prior to return materials.

**OTHER REQUIREMENTS:** If there are any unique requirements for exhibit space, please contact the Hotel Catering Manager.

**EXHIBIT SERVICE CHARGE:**

<u>UNITS</u>	<u>SERVICE FEE</u>
110 VOLT OUTLETS INCLUDING COMPUTERS	
\$25.00 per hook-up	\$ _____
\$10.00 per extension cord	\$ _____
6% Maryland State Sales Tax	\$ _____
<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>

**SPECIAL NOTICE:** No nails, bracing wire, tacks, staples or tape used in constructing display may be attached to walls, floors or ceilings. All property damaged or destroyed by Exhibitors must be replaced to original condition by the Exhibitor at the Exhibitor's expense. Permits for selling must be obtained prior to exhibit show and must be on hand during show hours.

**Please Print**  
 Company Name of Exhibitor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Numbers:  
 Business: (\_\_\_\_) \_\_\_\_\_  
 Home: (\_\_\_\_) \_\_\_\_\_  
 Fax: (\_\_\_\_) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**AUTHORIZATION**  
 Please reserve the services indicated

SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

Prepayment must be sent for service and mailed Directly to the Catering Manager

**IF PAYING BY CREDIT CARD:**

Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Name of Cardholder: \_\_\_\_\_  
 Cardholders Phone Number: (\_\_\_\_) \_\_\_\_\_

**OR MAKE CHECKS PAYABLE TO:**

**Carousel Resort Hotel & Condominiums**  
**11700 Coastal Highway**  
**Ocean City, MD 21842**  
**410-524-1000 or 800-233-1228**  
**Fax: 410-520-2466**