

13750 WEST COLONIAL DR. SUITE 350-362  
WINTER GARDEN FL, 34787  
TEL: (407) 351-4158 FAX: (407) 704-2454  
ORDERS@POWERSOURCESERVICES.COM

Booth #:

**SHOW NAME: FSA 2025 CONFERENCE**

**LOCATION: THE BREAKERS WEST PALM BEACH**

**DATE: JUNE 6-7TH 2025**

**ADVANCED DEADLINE: FRIDAY MAY 23RD**

**ELECTRICAL OUTLETS APPROXIMATELY 120V A.C. 60 CYCLE**

120 VOLTS	QUANTITY	ADVANCED RATE	REGULAR RATE	COST
0-1000 WATTS (10 AMPS)		90.00	120.00	
1001-1500 WATTS (15 AMPS)		100.00	140.00	
1501-2000 WATTS (20 AMPS)		125.00	168.00	
<b>FACILITY HOOK UP FEE REQUIRED WITH EACH ORDER</b>				<b>20.00</b>

**EXTENSION CORDS (ELECTRICITY NOT INCLUDED)**

SINGLE OUTLET		16.00	20.00	
POWER STRIP		20.00	25.00	

**208 VOLT SERVICES SINGLE PHASE**

20 AMP		240.00	300.00	
30 AMP		280.00	350.00	

**LIGHTING EQUIPMENT (INCLUDING CURRENT CONSUMED)**

150 WATT FLOOD LIGHT		45.00	65.00	
STANDARD BOOTH UP -LIGHT		45.00	65.00	

FOR WATER OR COMPRESSED AIR SERVICES PLEASE CALL FOR QUOTE

**LABOR**

ST MON.-FRI. 8:00am - 4:30pm (Except Holidays)		60.00		
OT MON.-FRI. 4:30pm - 8:00am (Sat/Sun/Holidays)		90.00		

**FULL PAYMENT DUE PRIOR TO SHOW OPENING**

SUBTOTAL:	\$	
6.5% SALES TAX:	\$	
TOTAL DUE:	\$	

DEDICATED CIRCUIT OR 24 HOUR  
SERVICE REQUIRED? YES\_\_\_ NO\_\_\_  
If Yes, Add \$50 to  
Electrical Service Connection Charge.

Power Will Be Placed At The Rear Of The Booth.  
Any Other Locations Will Be Installed On A Time  
& Materials Basis. Please Provide A Floor Plan  
Indicating The Desired Location.  
THERE IS A MINIMUM LABOR CHARGE OF  
(1) HOUR FOR HOOK-UP AND 1/2 HOUR  
TO DISMANTLE PLUS MATERIAL USED FOR  
208 VOLT SERVICES.

REFUND MUST BE REQUESTED 7 DAYS  
PRIOR TO SHOW OPENING. PERMANENT  
WALL OUTLETS ARE NOT APART OF  
BOOTH SPACE. ADDITIONAL POWER REQUIRED

**SPECIAL INSTRUCTIONS**

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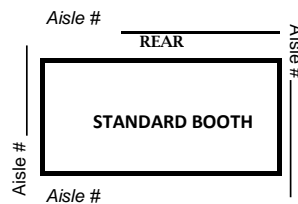


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HOTEL BALLROOM SHOWS NORMALLY  
REQUIRE 1/2 HOUR OF LABOR TO BRING  
POWER TO BOOTH. IF THIS IS THE CASE YOUR  
INVOICE WILL BE ADJUSTED ACCORDINGLY.



Payment Method: \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ AMX \_\_\_\_\_ Check \_\_\_\_\_

**IF YOU WOULD LIKE AN ELECTRONIC INVOICE PLEASE LEAVE CREDIT CARD INFO BLANK**

CREDIT CARD #	EXP DATE:
CARDHOLDERS NAME: (PRINT)	
AUTHORIZED SIGNATURE:	CARDHOLDERS ZIP:

FIRM NAME:	EMAIL:
ADDRESS:	TELEPHONE:
CITY/STATE/ZIP	FAX:
SIGNATURE:	PRINT NAME:

**IF ORDERS ARE FAXED, THE FAX WILL BE YOUR RECEIPT.**