



FRENCH LICK RESORT®
FRENCH LICK & WEST BADEN · INDIANA

RES ID: _____ Booth #: _____

Exhibitor Order Form

Event Information

Event Name: _____ Dates: _____

Contact Information

Company Name: _____ On-Site Contact: _____

Electrical (Includes (1) Extension Cord)	Quantity	Days	Daily Rate	Item Total
120 Volt Outlet (Maximum 20 Amps or 2,200 Watts)			\$ 50.00	
208 Volt Outlet (Maximum 20 Amps or 3,600 Watts)			\$ 80.00	
208 Volt Outlet (Maximum 20 Amps or 6,000 Watts)			\$ 90.00	
208 Volt (31-50 amp) - Exhibition Hall/Windsor Only			\$ 100.00	
208 Volt Outlet (0 - 20 amps - 2 wire conductor) - Hoosier Only			\$ 125.00	
Additional Power Strip and Extension Cord			\$ 30.00	
<i>Specify 208 Plug Type:</i>			Electric Total:	

***Please provide plug configuration for any non-standard 120 volt power needs. ***

Audio/Visual	Quantity	Days	Daily Rate	Item Total
42" LCD Display (includes 6' stand, cables, and technical support)			\$ 200.00	
55" LCD Display (includes 6' stand, cables, and technical support)			\$ 300.00	
65" LCD Display (includes 6' stand, cables, and technical support)			\$ 400.00	
80" LCD Display (includes 6' stand, cables, and technical support)			\$ 500.00	
Blu-Ray Player			\$ 75.00	
Windows Laptop			\$ 200.00	
LED Uplight			\$ 75.00	
Video Cables (VGA, HDMI, ET etc.)			\$ 25.00	
5' Easel			\$ 20.00	
<i>All Audio-Visual rentals are subject to a 22% service fee</i>			AV Total:	

Equipment	Quantity	Days	Daily Rate	Item Total
Rug (Mandatory for Vendors Cooking / Using Fryer)			\$ 20.00	
Pallet Jack			\$ 50.00	
Facility Personnel - By the Hour		hours	\$50.00 /hr	
Genie Personal Lift <i>*Must be operated by facilities personnel.</i> Time:			\$ 400.00	
Fork Lift <i>*Must be operated by facilities personnel.</i> Time:			\$ 400.00	
			Equipment Total:	

Sub Total:	_____
7% Sales Tax:	_____
22% AV √ Service Fee:	_____
Total:	_____

There will be a \$75 charge for any items added day of the event

Any unreturned or damaged equipment may result in additional fees



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RES ID: _____ Booth #: _____

Exhibitor Payment 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)

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.

If you are having items shipped to the resort be sure to include the attached shipping label

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

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV Code: _____