

# HOTEL *Elegante*

★★★★★  
CONFERENCE & EVENT CENTER  
Exhibitor Form

FORMS MUST BE COMPLETED AND EMAILED 2 WEEKS PRIOR TO ARRIVAL TO: [rrhody@mcmelegante.com](mailto:rrhody@mcmelegante.com)

Name:		Phone #	
		Email:	
Company:		Address:	
City:	State:	Zip:	
Convention Name:			
Date of Arrival:		Date of Departure:	
Setup Time & Date:		Teardown Time & Date:	

ELECTRICAL SERVICE OUTLETS							
Qty	Service	Volts	Phase	Watts Amps	\$	# Days Requested	Total Days x Price
	Single Outlet/day	120	Single		\$45+tax	Flat Rate	\$48.71
Subtotal of Order and Days Requested							

ADDITIONAL SERVICE/EQUIPMENT				
Qty	Equipment or Service	\$	# Requested	Total Days x Price
	Box Deliveries: 24" x 24" x 24" 48" x 48" x 48"	\$5 each \$10 each		\$
	Crates and Pallets	\$20 each		\$
				\$
	Additional Chairs (2 Chairs provided)			\$
	Power Strip	\$5+		\$
	Extension Cords	\$5+		\$
	High Speed Internet connection (Wired or Wireless)	\$75	Flat Rate	\$
<b>Items to be shipped back from Hotel will need to have the Carrier billing information completed, secured on the package and arrangements made for pickup.</b>				

***The Hotel will not guarantee any requirements unless this form and payment has been received prior to setup.***

PAYMENT DUE					
Electrical Services	Additional Services	Subtotal	(If Applicable) Service Charge 22% Taxable	+ 8.25% Sales Tax	Total Due
		\$			\$



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Credit Card Authorization Form

Please complete this form in its entirety. Incomplete requests may be rejected. Please return this form via fax to the number listed at the bottom of this page or scan and send via email. Do not insert data into this email and send. All information provided is CONFIDENTIAL and used only for the purposes noted below.

Individual or Group/Event Name(s):

Confirmation/Invoice Number(s) (if applicable):

Arrival or Function Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

I hereby authorize the following charges to be applied to the following credit card. Check all that apply:

- checkbox All Charges, checkbox Exhibit Charges, checkbox Restaurant Charges, checkbox Banquet/Catering Charges, checkbox Other (Specify), checkbox Specific Amount (specify below)

Comments: \*If group is tax exempt a LEGIBLE copy of the Front of the Credit Card will need to be provided.

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder/Organization name (as it appears on card): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

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

Contact Phone/Fax Number: \_\_\_\_\_

I acknowledge that all information is complete and accurate. I hereby authorize the Hotel Elegante to collect payment for the charges indicated on this form by processing a charge to the credit card listed above. I certify that I am authorized to sign for charges to the credit card provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing/Shipping Address: Return completed forms via fax or email
Hotel Elegante Conference & Event Center
2886 S. Circle Drive
Colorado Springs, CO 80906
Phone: (719) 576-5900 Fax: (719) 576-0507