



**Chateau on the Lake
Resort and Convention Center**
415 North State Hwy 265
Branson, MO 65616
Phone (417) 334-1161
FAX (417) 332-1045



Vendor Order Form for MHIMA 59th Annual Meeting

All Charges include 21% taxable service charge and 8.975% tax

<p style="text-align: center;"><u>IMPORTANT CONDITIONS & REGULATIONS</u></p> <ol style="list-style-type: none"> 1. Wall and permanent building utility outlets are not a part of booth space and are not to be used by exhibitors unless specified otherwise. 2. All equipment, regardless of source of power, must comply with all federal, state and local safety codes. 3. Use of open clip sockets, latex or lamp cord wire, duplex or triplex attachment plugs in exhibits is prohibited. 4. Claims will not be considered unless filed by exhibitor prior to close of functions. 5. Prices based upon current wage rates and are subject to change without notice. 6. Under no circumstances shall anyone other than "house electrician" make electrical connections. 7. Special equipment requiring company engineers or technicians for assembly, servicing, preparatory work and operation may be executed without "house electrician". 8. All equipment must be properly tagged and wired with complete information as to type of current, voltage, phase, cycle, horsepower, etc. 9. All exposed non-current carrying metal parts of fixed equipment, which are liable to be energized, shall be grounded. 10. Rates quoted for all connections over only the bringing of service to the booth in the most convenient manner and do not include connecting equipment for special wiring. 11. Advance orders must be received a minimum of seven (7) days prior to exhibitor arrival for move in. 12. Guests bringing in own equipment will be charged a \$25.00 per item connection fee, per day. (This excludes Laptop computers.) 	ELECTRICAL ITEMS				
	<u>Item</u>	<u>Advance Order</u>	<u>Amount</u>	<u>Floor Order</u>	<u>Amount</u>
	120 V AC – 20 amp	<input type="checkbox"/>	\$ 95	<input type="checkbox"/>	\$150
	208 Volt AC – 50 amp (single phase) – 100 amp (three phase) – 200 amp	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$300 \$500 \$600	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$350 \$550 \$650
Extension Cord	<input type="checkbox"/>	\$ 15	<input type="checkbox"/>	\$ 20	
Power Strip	<input type="checkbox"/>	\$ 15	<input type="checkbox"/>	\$ 20	
*Pricing per Cord					
EXHIBIT ITEMS					
<u>Item</u>	<u>Advance Order</u>	<u>Amount</u>	<u>Floor Order</u>	<u>Amount</u>	
Additional Skirted 8' Table	<input type="checkbox"/>	\$ 30	<input type="checkbox"/>	\$ 50	
Additional Chair	<input type="checkbox"/>	\$ 10	<input type="checkbox"/>	\$ 15	
Signage	<input type="checkbox"/>	\$ 15	<input type="checkbox"/>	N/A	
T-1 Line (per line)	<input type="checkbox"/>	\$165	<input type="checkbox"/>	\$205	
Hub – 2-10 Port	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$125	
Credit Card Line	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$125	
MISCELLANEOUS ITEMS					
<u>Item</u>	<u>Amount</u>				
Genie Lift w/ Waiver					
Half Day	<input type="checkbox"/> \$150				
Full Day	<input type="checkbox"/> \$325				
Banner Hanging	<input type="checkbox"/> \$ 40 (price depending on size)				
Ceiling Tile Replacement	<input type="checkbox"/> \$ 35 per tile				
Pallet Delivery to Booth	<input type="checkbox"/> \$ 75				
Box Delivery to Booth	<input type="checkbox"/> \$ 35				
Note: All electrical services must be ordered within seven (7) working days of the event.					

METHOD OF PAYMENT

(All AREAS MUST BE COMPLETED)

Name of Conference: MHIMA			Date of Conference: April 27-28, 2011		
Your Firm Name			Booth Number		
Address		City	State	Zip	
Method of Payment:	<input type="checkbox"/> Pre-payment (check)	Date paid: _____	Check #: _____	<input type="checkbox"/> Guest Room Charge: _____ (confirmation #)	
<input type="checkbox"/> Credit Card	PLEASE COMPLETE ATTACHED CREDIT CARD AUTHORIZATION FORM				
Authorized to Sign:		Signature:		Today's Date	
Phone:		Fax:		Email:	

All above information to be completed for order to be sent. *This form will also be your receipt*****



Shipping/ Receiving/ Package Handling Procedures

1. All packages must be clearly addressed and labeled as follows:

**Chateau on the Lake MHIMA Annual Meeting
(Company/Booth Name AND On Site Vendor Name)
415 North State Highway 265
Branson, MO 65616**

2. Any packages arriving more than two days prior to the vendor setup day will be assessed a \$15 plus service charge and tax, per day, per box storage fee.
3. All packages larger than 75 pounds or arriving on a pallet must be cleared in advance with the Chateau on the Lake staff members. Delivery dates must be communicated with the Chateau on the Lake in order for storage arrangements to be made.
4. All pallets will be delivered to the designated exhibit booth, \$75 to apply per Vendor Order Guide.
5. All boxes will be delivered to the designated exhibit booth, \$35 to apply per Vendor Order Guide.
6. Please email all special requests, delivery notices or questions to: Ashlyn Vermillion, Catering Manager.



Credit Card Payment Authorization Form

Please complete all areas below and submit the signed and dated form to the FAX number listed below.

Do not send the completed form by Email.

This form must be received at least five (5) days prior to Check-In, or by the date specified within the event contract, to ensure that the credit card is accepted and approved.

Please FAX the completed form to: 417-332-1041

Attention: Teresa Cloud

Date Submitted: _____

For Hotel Use Only:

Guest / Group Name:	
Check-In / Event Date:	
Name of Person / Group Making Reservation:	Phone:
Authorized Amount:	Approval Code: Date:

Cardholder: Please complete the following section. Sign and date at the bottom of this form.

Cardholder Name Exactly as it Appears on the Credit Card:	
Cardholder Billing Address:	
City:	State: Zip Code:
Daytime / Business Phone:	Evening Phone:
Credit Card Type: (Circle One)	Visa MasterCard American Express Discover JCB Diners Club
Credit Card Number:	Expiration Date:
Credit Card Issuing Bank Name:	Bank Phone Number:
I agree to cover, and pay for, the following categories of charges: (Please circle all that apply)	
All Charges Room & Tax Food & Beverage Retail Spa Recreation	
I agree to cover, and pay for, the above categories of charges up to a Maximum Amount of \$ _____.	
Direct Bill Account Payments Only:	
Name on Invoice / Statement: _____	Date on Invoice / Statement: _____
Invoice / Statement Number: _____	Authorized Amount: \$ _____

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of Check-Out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to the Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" listed above. You further acknowledge that if "all charges" has been selected, then all guest / group related charges (less Deposit) will be charged to the above card number at the time of Check-Out or event conclusion.

Cardholder Signature: _____ Date: _____