



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 (20 amps)			\$ 50.00	
208 Volt Outlet (0 - 20 amps)			\$ 80.00	
208 Volt (21-30 amp) - Exhibition Hall Only			\$ 90.00	
208 Volt (31-50 amp) - Exhibition Hall/Windsor Only			\$ 100.00	
208 Volt Outlet (0 - 20 amps - 3 wire conductor) - Hoosier Only			\$ 125.00	
Additional Power Strip and Extension Cord			\$ 30.00	
<i>Specify 208 Plug Type if Requested</i>				
			Electric Total:	

Audio/Visual

	Quantity	Days	Daily Rate	Item Total
42" Samsung LCD TV			\$ 200.00	
55" LG LED TV			\$ 300.00	
65" Samsung LED TV			\$ 400.00	
80" Sharp LED TV			\$ 500.00	
Blu-Ray Player			\$ 75.00	
Windows Laptop			\$ 150.00	
Video Cables (VGA, HDMI, ET etc.)			\$ 25.00	
LED Par Uplight			\$ 50.00	
5' Easel			\$ 20.00	
<i>All Audio-Visual rentals are subject to a 21% service fee</i>				
			AV Total:	

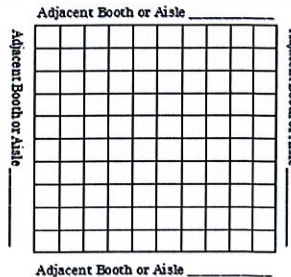
Equipment

	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	
Genie Personal Lift*			\$ 400.00	
Fork Lift*			\$ 400.00	
			Equipment Total:	

*Must be operated by facilities personnel.

Please mark on the 10x10 Grid where you would like your electricity or A/V set-up.

*** There will be a \$75 fee for anything added day of. ***



Sub Total:	_____
7% Sales Tax:	_____
21% AV Service Fee:	_____
Total:	_____



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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.

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

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV Code: _____



FRENCH LICK RESORT®
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Please mail to:

FRENCH LICK RESORT
8331 WEST ST RD 56 STE #3
WEST BADEN, IN 47469

EVENT NAME: _____ DATES: _____

BOOTH/ROOM: _____

COMPANY NAME: _____

ON-SITE CONTACT NAME: _____

ON-SITE CELL NUMBER: _____

Please call Conference Concierge at 812-865-6568 with any questions or concerns.