



22 E. Fifth Street, Dayton, OH 45402  
 Phone: 937.333.4700 Fax: 937.333.4711

# Air/Water Order Form

Name of Exhibition or Show: \_\_\_\_\_ Booth No.: \_\_\_\_\_  
 Firm / Booth Name: \_\_\_\_\_ Show Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Signature: \_\_\_\_\_

**Payment Notice: Preorder rates apply only to orders paid in full and received 5 days prior to the first scheduled move-in day. On-site rates must be paid at move-in. All orders must be paid in full with U.S. funds before services are provided.**

**Exhibitor must provide regulator and filter/dryer hose. Pressure provided is 225 psi. Connections are provided with a 1/2" or 3/4" quick coupler. For special connections call prior to submitting this form.**

**On-site rate applies to all orders received within 5 business days of event!**

### COMPRESSED AIR

QTY	DESCRIPTION OF SERVICES	Rate (Each)	On-Site Rate	TOTAL
	Service fee for first connection	\$100.00	\$125.00	
	Charge per each additional connection	\$75.00	\$100.00	
	Labor fee per hour for special services (1 hour minimum) per every 2 special connections	\$55.00	\$80.00	

### WATER

	Service fee for first connection	\$105.00	\$130.00	
	Charge per each additional connection	\$80.00	\$105.00	
	Service fee for filling and draining tags, beds, pools, etc.	\$50.00	\$70.00	
	Labor fee per hour for special plumbing connections (1 hour minimum) per every 2 special connections	\$55.00	\$80.00	

**GRAND TOTAL (No Tax)**

### PAYMENT INFORMATION:

(CHECK HERE IF PAYING CREDIT/DEBIT CARD) TOTAL AMT \$ \_\_\_\_\_

The Dayton Convention Center Accepts Visa, MasterCard and American Express  
 CREDIT/DEBIT CARD PAYMENTS CAN BE TAKEN IN PERSON OR BY PHONE AFTER FORM IS SUBMITTED.

PLEASE DO NOT WRITE ANY CARD NUMBERS ON THIS FORM.  
 Our Office Can be Reached at 937.333.4700; Mon - Fri, 8am - 5pm

DCC Office Use Only: Credit/Debit Card Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

(CHECK HERE IF PAYING BY CHECK) CHECK # \_\_\_\_\_ AMT \$ \_\_\_\_\_

(CHECK HERE IF PAYING CASH) AMT \$ \_\_\_\_\_

DCC Office Use Only: Cash Received by: \_\_\_\_\_ Date: \_\_\_\_\_