



Connecticut Convention Center

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Forms available online at www.ctconventions.com

CA _____

COMPRESSED AIR SERVICE ORDER FORM

Name of Event:	Date of Event:
Firm Name:	Booth Number:
Street Address:	On-Site Machinist Name:
City, State, Zip:	On-Site Machinist Phone Number:
E-mail Address:	
Compressed Air will be set-up prior to move-in, please indicate a specific Date & Time of when machines will be in place, set-up and ready for an Engineer to tie-in. (Note: tie-ins are scheduled on a first-come first-serve basis): Date: _____/_____/_____ Time: _____ AM/PM	

Payment notice – services will not be supplied until total due is paid in full.

Tax must be included unless you submit State of CT Tax Exemption documentation with your order form.

Check payment method only accepted on prepaid orders.

All Air Compression orders MUST be received 7 days prior to the FIRST scheduled move-in day. No exceptions.

Payment Information Must Accompany Order

Money Order #:	Check #:
<input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express	
Name on card:	
Billing Address (if different from above):	
Billing City:	State: Zip Code:
Credit Card #:	
Expiration Date:	Security Code:
Authorized Signature:	

Compressed Air Rules & Regulations:

- The CTCC does not supply air regulator & male and female fittings. Exhibitors MUST bring their own.
- A Floor Plan MUST be submitted with an Air Compression Order.
- All Air Compression Service requires a minimum charge of 1 hour labor at \$65 per hour per connection.
- Additional Labor Rates may apply.
- All orders are charged *per air line*.

Please fill out information below based on air compression requirements.

Size of Fitting: (Standard) <input type="checkbox"/> 1/4" <input type="checkbox"/> 3/8" <input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4"					
Size of Hose: (Standard) <input type="checkbox"/> 1/4" <input type="checkbox"/> 3/8" <input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4"					
PSI: _____		CFM: _____			
STANDARD	Rate	# of Air Lines	Labor	CT 6.35% Tax	Total
First Drop Air Compression	\$325.00				
Additional Drops	\$100.00				

ORDER TOTAL: