

RAMADA®

PLAZA RESORT O C E A N F R O N T

Exhibitor Order Form

Company Name:	
Business Address:	
On-Site Contact:	Business Phone:

Conference Name _____ Dates _____

_____ \$15.00 Vendor Fee (skirted 6' table with 1 chair)

_____ \$15.00 Electricity (standard 120 amp)

_____ \$35.00 Phone Line (non-dedicated analog phone line)

_____ \$60.00 Phone Line (dedicated analog phone line)

_____ \$75.00 High Speed Internet Connection

Rates subject to city sales tax

Credit Card _____ Exp Date _____

Name on Card _____

Hotel Guest _____ Confirmation Number _____

Authorized Signature _____

Form must be received no later than 10 days prior to arrival.

Shipments will be accepted by the hotel no earlier than 3 days prior to exhibit set up date. Please include your name, company/affiliation and the conference name on all labels.

Questions? Contact Jane Johnson (800-685-5105) or email: jjohnsonramada@aol.com

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