



**Connecticut Society of Eye Physicians**  
**Annual Education Program and Vendor Expo**  
**The Aqua Turf Club**  
**556 Mulberry Street, Plantsville, CT**

P.O. Box 854, 26 Sally Burr Road • Litchfield, CT 06759  
Tel. (860) 567-3787 • Fax (860) 567-3591  
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**Electrical Outlet Request Form**  
**Fax to 860-567-3591 or Email debbieosborn36@yahoo.com**

Please complete this form for your electrical requirements. **IMPORTANT:** Special wattage and amperage required. One single hotel outlet is defined as 110 volt, alternating current, maximum 1000 watts. **MAXIMUM 15 AMPS. (MUST SPECIFY AMPERAGE REQUIRED FOR EACH OUTLET ORDERED).** There is a limited number of dedicated computer circuits, 20 AMP circuits and 220V circuits available.

Name of Company: \_\_\_\_\_  
On-site-contact: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Type of equipment to be utilized:**

TOTAL # OF SINGLE (NOT DUPLEX) OUTLETS REQUIRED: # \_\_\_\_\_

#1 Outlet \_\_\_\_\_ volts \_\_\_\_\_ watts \_\_\_\_\_ amperage (please specify)

#2 Outlet \_\_\_\_\_ volts \_\_\_\_\_ watts \_\_\_\_\_ amperage (please specify)

# of outlets needed \_\_\_\_\_

TOTAL # OF DEDICATED COMPUTER CIRCUITS REQUIRED: # \_\_\_\_\_

TOTAL # OF DEDICATED 20 AMP CIRCUITS REQUIRED: # \_\_\_\_\_

#1 Circuit \_\_\_\_\_ volts \_\_\_\_\_ watts #2 Circuit \_\_\_\_\_ volts \_\_\_\_\_ watts

TOTAL # OF 220V CIRCUITS REQUIRED: # \_\_\_\_\_

Type of Plug: # \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Amps \_\_\_\_\_ Watts \_\_\_\_\_

Type of Equipment to be utilized (please specify): \_\_\_\_\_

**\*\*\*NOTE: If a 220 Volt outlet is required, please call hotel directly.\*\*\***

**TOTAL PRICE:**

1 Outlet (single not duplex)	\$125.00	# _____ Dedicated computer circuits	\$80.00
2 Outlets (Double)	\$150.00	# _____ Dedicated 20 Amp Circuit	\$105.00
3 Outlets (Triple)	\$175.00	# _____ Dedicated 220 Volt/Circuit	\$130.00
4 Outlets (Quad)	\$200.00		
Sub total: _____	6.35% CT sales tax: _____	Balance Due: _____	

**Please make checks payable to The Connecticut Society of Eye Physicians**

**Please fax or mail completed form to: CSEP, P.O. Box 854, Litchfield, CT 06759 Fax 860-567-3591**

**Or payment by credit card - with the following information:**

Card number \_\_\_\_\_ Expiration \_\_\_\_\_ (month/year)

3 digit Verification code from back of Visa/MC \_\_\_\_\_ 4 digit Verification code from AMEX \_\_\_\_\_

Billing Zip code \_\_\_\_\_ Name that appears on card \_\_\_\_\_

**\*Important:** This form and payment must be received 30 days prior to the event to receive electrical services. The hotel engineer may refuse connections where wiring is not in accordance with the CT Satae Safety Codes. Exhibitors are responsible for providing their own surge protectors.