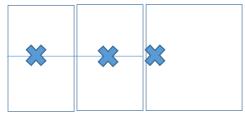


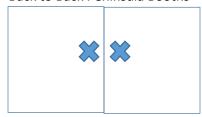
## Power Drops and Booth Types – Sample Layouts (In-Line, Peninsula and Back to Back Peninsula)

Each type of booth has its own standard of installation. In the diagrams below, the symbol represents the approximate location of the outlets: (We cannot guarantee that the outlet will be specifically in the middle.)

In-Line Booths and Peninsula Booths



Back to Back Peninsula Booths



For Inline booths, Peninsula booths or back-to-back Peninsula booths your pre-ordered electrical outlet installed at the rear of your booth at the edge. Electrical booth layouts are required for in-line and peninsula booths where distribution of power is required. If power is required in location other than indicated above, secondary distribution will be required on a time and material basis. Please complete and submit an Electrical Labor Order Form with your power order, along with a floor plan as described below.

Floor plans are always required for Island Booths and orders for multiple locations. The floor plan must indicate booth dimensions, surrounding booth numbers for orientation within the facility, each outlet location, required wattage or amperage and location for main drop. Please reference our booth layout guide. If power location in an island booth is not provided prior to show move-in, a location will be determined by Prime EES in order to maintain delivery schedules. Relocation of the service will be charged on a time and material bases.



| Event Name:Boot                                                                            |                                |                |               |              | Booth/R     | ooth/Room #  |                 |                                                                                             |  |
|--------------------------------------------------------------------------------------------|--------------------------------|----------------|---------------|--------------|-------------|--------------|-----------------|---------------------------------------------------------------------------------------------|--|
| Company                                                                                    | Name:                          |                |               |              |             |              |                 |                                                                                             |  |
| Deliver D                                                                                  | ate:                           |                |               |              |             |              |                 |                                                                                             |  |
|                                                                                            | need to comp<br>ner than the r |                |               |              |             | f you requ   | iire services t | o be                                                                                        |  |
| Using the                                                                                  | legend below                   | , please cor   | nplete this ເ | itility form | for all ut  | lity service | es ordered. A   | A change of                                                                                 |  |
| location o                                                                                 | n an installed                 | l or partially | installed se  | rvice may    | result in a | dditional    | costs to you.   |                                                                                             |  |
| If you are                                                                                 | submitting yo                  | our own det    | ailed drawin  | g, please l  | oe sure to  | include th   | ne following i  | items:                                                                                      |  |
| • You                                                                                      | ur company n                   | ame, booth     | number, ori   | entation,    | your cell r | number of    | your on-site    | contact and their                                                                           |  |
| ex                                                                                         | pected arriva                  | l date, your   | equipment (   | delivery da  | ite and yo  | ur carpet    | or flooring in  | stallation date.                                                                            |  |
| • Be                                                                                       | sure to check                  | in at the Se   | ervice Desk u | pon your     | arrival to  | notify our   | staff when y    | ou are ready for                                                                            |  |
| yo                                                                                         | ur service.                    |                |               |              |             |              |                 |                                                                                             |  |
|                                                                                            |                                |                | Aisie         | e/Ajacent Bo | oth         |              |                 |                                                                                             |  |
|                                                                                            |                                |                |               |              |             |              |                 |                                                                                             |  |
|                                                                                            |                                |                |               |              |             |              |                 |                                                                                             |  |
|                                                                                            |                                |                |               |              |             |              |                 |                                                                                             |  |
| Aisle /Ajacent Booth                                                                       |                                |                |               |              |             |              |                 | Aisle /Ajacent Booth                                                                        |  |
|                                                                                            |                                |                |               |              |             |              |                 |                                                                                             |  |
|                                                                                            |                                |                |               |              |             |              |                 |                                                                                             |  |
|                                                                                            |                                |                |               |              |             |              |                 |                                                                                             |  |
|                                                                                            |                                |                |               |              |             |              |                 |                                                                                             |  |
|                                                                                            |                                |                |               |              |             |              |                 |                                                                                             |  |
|                                                                                            |                                |                |               |              |             |              |                 |                                                                                             |  |
|                                                                                            | <u> </u>                       | 1              | <u>1</u>      | FRONT OF     | воотн       | 1            | 1               |                                                                                             |  |
| Aisle/Ajacent Booth<br>ng <u>Legend</u><br>r Line                                          |                                |                |               |              |             |              |                 | Electrical Legend<br>MD - Main Drop                                                         |  |
| Use a separate sheet for each utility.  In Line  Itural Gas  pipe size diameter in inches. |                                |                |               |              |             |              |                 | 2TP - 208 Three Phase<br>2SP - 208 Single Phase<br>120 - 120 VAmps<br>480 - 480 Three Phase |  |
|                                                                                            | mensions (ex                   | ample 10 x 1   | LO)           |              |             | . Sci        | ale = 1 Box is  |                                                                                             |  |

Size