

MN Public Transit Association Convention

October 15th, 2024

Mayo Clinic Health System Event Center
1 Civic Center Plaza, Mankato, MN 56001



MAYO CLINIC
HEALTH SYSTEM
EVENT CENTER

Company Name _____ Contact Person _____

Booth Number _____ On-Site Person (If different from contact) _____

Address _____ City, State, Zip _____

E-Mail _____ Phone # () _____

Signature _____ Date _____

Completion of this form acknowledges and agrees to the conditions and regulations set forth by Mayo Clinic Event Center hereto.

Items checked below are in addition to the furniture provided – 1 skirted 8' table and 2 chairs - and are at the expense of the exhibitor at the rates listed below.

ALL PRICES ARE PER SHOW COST plus APPLICABLE SALES TAX. Mayo Clinic Event Center equipment and services are being furnished subject to regulations. Orders will be completed only after payment in full is received.

*** Notice:** Payment in full must accompany any order. Day-Of rates will apply to any orders not received **7 days prior** to move in of show. Orders placed at show must be paid at time of order.
NOTE: There will be a \$30.00 charge for all checks returned due to non-sufficient funds.

A. Shipments

Shipping **to** Mayo Clinic Event Center – Items shipped more than 5 Days in advance of conference are subject to \$100/day fee. Mayo Clinic Event Center, *Event Name & Booth Number*, 1 Civic Center Plaza, Mankato, MN 56001. Shipping **from** Mayo Clinic Event Center – Pre-Purchase and Attach Shipping Label, Call to Schedule Pick-Up. Storage during the show for extra equipment or shipping containers are subject to \$100/day fee.

Advance Day of (Begins 10/08/24) Qty. Total

B. Furniture (*Note-Booths have 1-8' table and 2 Chairs included in booth purchase, items below are in addition.)

6' Table – Skirted	\$30	\$60	_____	_____
8' Table – Skirted	\$30	\$60	_____	_____
Cabaret Table – Skirted	\$50	\$100	_____	_____
Folding Chair	\$10	\$20	_____	_____
Black Leather Stool	\$25	\$50	_____	_____

C. Electrica

120 V. 20 amp single outlet	\$40	\$60	_____	_____
220 V. 30 amp single phase*	\$150	\$300	_____	_____
220 V. 30 amp three phase*	\$150	N/A	_____	_____
50 amp single or three phase*	TBD*	N/A	_____	_____
Hardwired Internet	\$100	\$250	_____	_____

D. Forklift (per use)	\$100	\$150	_____	_____
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SUBTOTAL _____
TAX 7.875% _____

GRAND TOTAL _____

***Note:** Any power 30 amp single phase and up is subject to a separate electrical bill along with an inspection fee. The total bill may have to be determined on the day of the show. If at all possible, please include a picture of the cable ends or plugs you plan to use so that we are prepared for your arrival as electrical requirements vary at each expo or show.

Email Completed Forms to Melissa at mgieseke@mankatomn.gov
507-387-8435

Payment

Credit Card – A payment link will be sent to your email after completed order forms are received.
Check Payments – Addressed to Melissa Mayo Clinic Event Center, 1 Civic Center Plaza, Mankato MN 56001