



# NATURAL GAS SERVICE ORDER FORM

Effective through June 30, 2023

Remit to: Portland Expo Center  
2060 N. Marine Drive, Portland, OR 97217  
Tel. (503) 736-5200 Fax (503) 736-5201  
exhibitors@expocenter.org

NAME OF EVENT \_\_\_\_\_ BOOTH No. \_\_\_\_\_

EXHIBITOR NAME \_\_\_\_\_ EVENT DATES \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

AUTHORIZED PERSON \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

QUANTITY	SERVICE	ADVANCED* ORDER	FLOOR ORDER	AMOUNT
_____	Initial Service	\$325.00	\$375.00	\$ _____
_____	Each Additional Service	\$220.00	\$270.00	\$ _____

\*To receive advanced rate discount, orders must be received with payment a minimum of fourteen (14) days prior to first move-in day. ORDER SUBTOTAL\$ \_\_\_\_\_

SERVICE INFORMATION: 3/4" male NPSM  
Service will be brought to the rear of the booth in the most convenient manner.

TYPE OF EQUIPMENT TO RECEIVE UTILITY: \_\_\_\_\_

**\*PLEASE CALL 503-736-5200 TO SECURELY SUBMIT PAYMENT\***

## Natural Gas Service Conditions and Regulations

1. All equipment must comply with City of Portland building code and all federal, state and local safety codes.
2. Claims will not be considered unless filed by the requesting service recipient prior to close of the event.
3. All material and equipment furnished by the Portland Expo Center shall remain the property of same, and shall be removed by same, at the close of the event.
4. The Portland Expo Center reserves the right to refuse service to any exhibitor whose equipment is deemed unsafe by the operations manager.
5. Quoted rates only provide for the bringing of service to the booth in the most convenient manner and do not include connecting equipment.
6. To receive advance order rates, orders must be received a minimum of fourteen (14) days prior to the first scheduled move-in day and payment must accompany the order. Advance orders will receive priority service.
7. Credit will not be given for service provided and not used.
8. Payment in full must be rendered before provision of service.

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Date Processed \_\_\_\_\_

Fax Order \_\_\_\_\_

