



Complete the information below and fax or mail to:

Hinckley Springs

6055 S. Harlem, Chicago, IL 60638

ATTN: Special Events

Phone: 773-586-8600 x 237

Fax: 773-586-6314

or visit our website at www.hinckleyspringsevents.com

Deadline date: _____

Event: _____

Event Dates: _____

| Equipment Rental* | Quantity | Price | Tax | Total Dollars |
|---------------------------------------|----------|-----------|---------|---------------|
| Cold Only Water Cooler(s) | | \$ 75.00 | \$ 4.50 | \$. |
| Hot & Cold Cooler(s) | | \$ 90.00 | \$ 5.40 | \$. |
| Hot & Cold w/Refrigerated Compartment | | \$ 150.00 | \$ 9.00 | \$. |
| Microwave(s) | | \$ 95.00 | \$ 5.70 | \$. |
| Refrigerator(s) | | \$ 95.00 | \$ 5.70 | \$. |

Refrigerator Capacity: 3.7 Cubic ft., Floor Space: 35"H x 21"D x 19"W, Electricity Required: 110 outlet, Amper: 2.0.

*Does not include bottles of water – equipment type and color may vary.

| Water** | Quantity | Price | Tax | Total Dollars |
|---|----------|----------|--------|---------------|
| 3-Gallon Drinking Water | | \$ 7.50 | \$.08 | \$. |
| 5-Gallon <input type="checkbox"/> Drinking <input type="checkbox"/> Distilled | | \$ 10.00 | \$.10 | \$. |
| 5-Gallon Premium Spring Water | | \$ 16.00 | \$.16 | \$. |
| 6 1-Gallon Bottle Case of Drinking Water | | \$ 11.00 | \$.11 | \$. |

**Additional types/sizes available upon request; bottle deposits not included.

| Cups | Quantity | Price | Tax | Total Dollars |
|--|----------|----------|---------|---------------|
| Cone-Shaped Cold Cups (5.0 oz) 1,000 per package | | \$ 20.00 | \$ 1.75 | \$. |
| Flat-Bottom Cold Cups (9.0 oz) 500 per package | | \$ 20.00 | \$ 1.75 | \$. |
| Styrofoam Hot Cups (8.0 oz) 500 per package | | \$ 20.00 | \$ 1.75 | \$. |
| | | | Total | \$. |

Prepay with your check or major credit card

Firm Name _____ Booth# _____

Contact on Site _____ Ordered by: _____

Address _____

City/State/Zip _____

Business Phone () _____ Business Fax () _____

MC, Visa, Discover or American Express # _____

Cardholder's Name _____ Expiration Date: _____

Signature _____

I understand/agree to the following: 1. I must provide a 110 volt A/C electrical outlet.

2. I assume full responsibility for damage or loss of equipment other than that resulting for normal use.

3. Ordering Deadline: Orders received after stated deadline will result in an additional \$25.00 rush charge.

4. Cancellation Policy: A charge of 50% of the original price will be incurred if cancellation occurs after contract receipt. A charge of 100% of the original price will be incurred if cancellation occurs after equipment is installed.

Company Authorized Signature: _____ Date: _____

| FOR OFFICE USE ONLY | | | | | | | | | |
|---------------------|----|--------|-----------|--|--|--|--------|--|--|
| Date Received | By | Credit | Account # | | | | Billed | | |
| | | | | | | | | | |