



Exhibitor Equipment Order Form

Name of Exhibition or Show: _____

Contact Person: _____ Room: _____

Company Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

QTY	DESCRIPTION	DAILY RATE	# OF DAYS	TOTAL
	220V/100 Amp AC Power Distribution 3 phase	\$400		
	30 Amp Stringer Box 3 phase	\$210		
	25' Extension Cable	\$25		
	3' Power Strip	\$25		
	Power Run to Booth/Exhibitor <i>(includes extension cable and power strip)</i>	\$50		
	24" LCD Monitor	\$300		
	55" LED Monitor	\$655		
	Designer Flip Chart (with pad and markers)	\$65		
	Designer Flip Chart (with Post-it® pad and markers)	\$85		
	White Board 4x3 (with eraser and markers)	\$80		
	White Board 6x4 (with eraser and markers)	\$90		
	Laptop Computer	\$305		
	Tripod Speaker Stand	\$30		
	12" 2-way Self-powered Speaker	\$120		
	15" 2-way Self-powered Speaker	\$140		
	LED Wash Light	\$85		
	"Value" Wireless Internet Access	\$25		
	Standard Wireless Internet Access	\$36.50		
	"Power User" Wireless Internet Access	\$45		
	Wired "Hard line" Internet Connection	\$175		
	TOTAL			

RATES

Rates quoted above cover only the bringing of services to the booth and do not include connecting equipment or special wiring. Proper tagging of equipment to indicate voltage, phase, current, etc. are exhibitor's responsibility. PSAV is not responsible for power outages.

Pricing does not include 9.25% State Tax and 23% service charge

Please forward to PSAV.
Office: 901-762-7421 Fax: 901-762-7448





Credit Card Consent / Security Deposit Form

PSAV LOCATION NUMBER: _____ Property Name: _____

Credit Card Type: American Express _____ Discover _____ MasterCard _____ Visa _____

Credit Card Number: _____

Expiration Date: _____

Cardholder's Name: _____

(As it appears on credit card)

Cardholder Billing Address: _____ Zip Code (REQUIRED): _____

(Only numeric portion required)

Cardholder email address: _____

Cardholder's Phone Number: _____

Customer Name: _____

(Name as it should appear on the invoice)

Invoice/Order Number(s): _____ Customer PO: _____

(If a PO # is not provided use loc # and Order ID XXXX XXXX)

I, (please print) _____, certify the above information to be true and correct to the best of my knowledge. As the cardholder, I am authorizing the above credit card account to be charged for the attached order and any additional amounts incurred as a result of all show site changes ordered by my representatives and/or place my card on file for Security Deposit purposes in the event of payment default, cancellation fees or damages/losses owed per PSAV Terms and Conditions – See Terms and Conditions.

Signature _____ Date _____