



AUDIOVISUAL EXHIBITOR SERVICES

NAME OF CONFERENCE:	START DATE:	END DATE:	# EVENT DAYS:
COMPANY NAME:	ON-SITE CONTACT NAME:	ROOM/EXHIBIT BOOTH #:	
STREET ADDRESS:	CITY & STATE :	ZIP CODE:	
TELEPHONE NUMBER:	DELIVERY DATE	DELIVERY TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
EMAIL ADDRESS:	PICKUP DATE	PICKUP TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
ORDERED BY:			

PSAV WILL CONTACT YOU DIRECTLY FOR PAYMENT INFORMATION. PRICING IS PER DAY.

**➤ If you have a special request or need additional equipment, please call 954.245.3065.
Email completed form to rlutz@psav.com, cozerol@psav.com or slaiken@psav.com**

VIDEO/DATA DISPLAY	QTY	PRICE
LCD Projector		\$ 480

AUDIO EQUIPMENT	QTY	PRICE
Wired Microphone: <input type="checkbox"/> Handheld <input type="checkbox"/> Lavalier		\$ 65
Wireless Microphone Unit: <input type="checkbox"/> Handheld <input type="checkbox"/> Lavalier		\$ 195
12" Self-Powered Speaker		\$ 110
4-Channel Mixer		\$ 70

ACCESSORIES	QTY	PRICE
Tripod Screens: 5', 6', 7' or 8'		\$ 90
34" Rolling Cart w/Black Skirt		\$ 35

CUSTOM ITEMS	QTY	PRICE
		\$
		\$
		\$
		\$
		\$

MONITORS	QTY	PRICE
24" Multi Sync Monitor with Rolling Stand		\$ 245
32" Monitor with Rolling Stand		\$ 260
46" Monitor with Rolling Stand		\$ 565
55" Monitor with Rolling Stand		\$ 730

INTERNET ACCESS	QTY	PRICE
Wired Internet Connection		\$ 190
Wireless Internet Connection per device		\$ 30
Dedicated Bandwidth	Please contact PSAV for quote	

POWER	QTY	PRICE
120V Single Phase - 20 AMP		\$ 145
120V Single Phase - 30 AMP		\$ 320
208V Three Phase - 60 AMPs		\$ 460
208V Three Phase - 100 AMPs		\$ 770
Additional 25' AC Cable		\$ 20
Additional Power Strip		\$ 20

ORDERING INSTRUCTIONS

To guarantee equipment availability and advanced rate, this order should reach us 21 days prior to delivery. Charges are per day, from install to removal.

Operator labor, if requested, is subject to the prevailing hourly rate with a 5 hour minimum. An electronic receipt will be emailed to you.

The total charge per item is determined by multiplying the price by the quantity ordered by number of days. Please include applicable Sales Tax on equipment rental.

TAX EXEMPT STATUS – If you are exempt from payment of sales tax, we require you to forward an exemption certificate for the state in which the services are to be provided.

CANCELLATIONS:

- A) Cancellations received within 48 hours of the scheduled delivery date are subject to a 50% fee applicable to equipment and tax.
- B) Cancellations received on the day of scheduled delivery or "no-shows" are subject to the full amount of the order to include installation, drayage and tax.

Labor and/or service charges may apply, and/or loss damage waiver.

SHIPPING INSTRUCTIONS

Any materials being sent to the hotel must be marked as follows:

1. The Westin Fort Lauderdale Beach Resort
2. Hold for Arrival - Attn: Guest's Name and/or Organization Name
3. Complete Return Address
4. Number of Boxes (ex: Box 1 of 2, Box 2 of 2)
5. Address Packages to: 321 N. Fort Lauderdale Beach Blvd., Fort Lauderdale, FL 33304

SPECIAL REQUESTS Please add any items not listed above that you require.

Authorized Signature

Date





Credit Card Consent 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 _____