



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 404.588.3138. Email completed form to pclemente@psav.com

MONITORS	QTY	PRICE
22" MultiSync Monitor (Table Stand)		\$ 120
32" LCD Monitor (Dual Post Stand, Table Stand, Speakers)		\$ 225
46" Monitor (Dual Post Stand, Table Stand, Speakers)		\$ 445
CUSTOM ITEMS	QTY	PRICE
Laptop Computer		\$ 215
		\$
		\$
		\$
		\$
		\$

INTERNET ACCESS	QTY	PRICE
Wired Internet Connection		\$ 170
Wireless Internet Connection		\$ 17
POWER	QTY	PRICE
120V - 5 AMP		\$ 115
120V - 20 AMP		\$ 235
208V Single Phase - 60 AMP		\$ 645
25' AC Cable		\$ 32
Power Strip		\$ 32

ORDERING INSTRUCTIONS

To guarantee equipment availability and advanced rate, this order should reach us 21 days prior to delivery.

Operator labor, if requested, is subject to the prevailing hourly rate with a 4 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. 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.

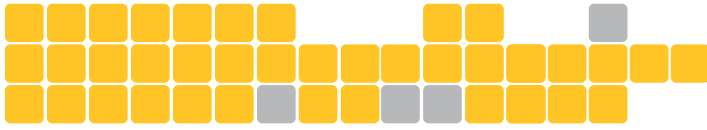
CANCELLATIONS:

- 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.

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





Credit Card Consent Form

PSAV LOCATION NUMBER: 4315 **Property Name:** Westin Peachtree Plaza Hotel

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

Credit Card Number: _____

Exp Date: _____ **Security Code** _____

Customer PO: _____

(If no Purchase Order # provided use location # and Order ID XXXX XXXX)

Cardholder's Name: _____

(As it appears on credit card)

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

(Only numeric portion required)

Cardholder email address: _____

Customer Name: _____

(Name as it should appear on the invoice)

Invoice/Order Number(s): _____

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** _____