



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 SHOW.

✦ If you have a special request or need additional equipment, please call 816.545.9167. Email completed form to smcafee@psav.com

PRICES ARE FOR EXHIBIT FLOOR ONLY. ALL RENTAL PRICES SUBJECT TO A 15% MARKUP IF ORDERED DAY OF.

VIDEO/DATA DISPLAY	QTY	PRICE
LCD Projector (3k)		\$ 415
Blu-Ray/DVD Player		\$ 110

AUDIO EQUIPMENT	QTY	PRICE
Small Powered Speaker w/Stand		\$ 100

ACCESSORIES	QTY	PRICE
Tripod Screens: 6' or 8'		\$ 80
34" Rolling Cart w/Black Skirt		\$ 30
54" Rolling Cart w/Black Skirt		\$ 55
Flipchart w/Markers		\$ 60
Post-It Flipchart w/Markers		\$ 80
Whiteboard w/Markers		\$ 110
Tripod Easel		\$ 15
Wireless Presenter Mouse		\$ 55

SPECIAL REQUESTS

If you require an item not listed, please call and speak with one of our representatives for a complete list of available products and services.

If you require assistance on site, please call our on-site team: 816.545.9160.

PREPAYMENT IS REQUIRED ON ALL ORDERS.

MONITORS	QTY	PRICE
19" Multi Sync Data Monitor		\$ 120
46" Monitor (Dual Post Stand, Table Stand, Speakers)		\$ 455
55" Monitor (Dual Post Stand, Table Stand, Speakers)		\$ 600

COMPUTER & ACCESSORIES	QTY	PRICE
Laptop Computer		\$ 220
Computer Speakers		\$ 40
Black and White Laser Printer		\$ 165
Color Laser Printer		\$ 365

INTERNET ACCESS	QTY	PRICE
Wired Internet Connection		\$ 165
Wireless Internet Connection		\$ 25
Dedicated Bandwidth	Please contact PSAV for quote	

POWER (Includes Setup & Strike Labor)	QTY	PRICE
5 AMP (single phase) includes power strip		\$ 110
10 AMP (single phase) includes power strip		\$ 160
20 AMP (single phase) includes power strip		\$ 215
25' AC Cable		\$ 20
Power Strip		\$ 20

TOTAL	
EQUIPMENT SUBTOTAL	\$
23% SERVICE CHARGE <i>(Equipment Subtotal x 0.23)</i>	\$
SUBTOTAL	\$ \$0.00
9.35% SALES TAX <i>(Subtotal x 0.0935)</i>	\$
GRAND TOTAL <i>(Subtotal + Sales Tax)</i>	\$

Please return Credit Card Authorization to:
Lisa Rickman-Taylor Fax: 816.283.4946
 Westin and Sheraton Kansas City Hotels at Crown Center

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.





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 _____