

# AUDIOVISUAL EXHIBITOR SERVICES





NAME OF CONFERENCE:	START DATE:	END DATE:	# EVENT DAYS:		
COMPANY NAME:	ON-SITE CONTACT NAME:	\$1	ROOM/EXHIBIT BO	OTH #:	
STREET ADDRESS:	CITY & STATE :		ZIP CODE:		
TELEPHONE NUMBER:	DELIVERY DATE		DELIVERY TIME	АМ	РМ
EMAIL ADDRESS:	PICKUP DATE	9	PICKUP TIME	АМ	РМ
ORDERED BY:					

### Equipment ordered is a daily rental, Power is a one time charge.

>

### If you have any questions or need additional equipment, please call 303-486-4878.

VIDEO/DATA DISPLAY	<b>Ω</b> ΤΥ	PRICE
Laptop		\$245
LCD Projector		\$480
Blu-Ray Player		\$140
AUDIO EQUIPMENT	ΩΤΥ	PRICE
DI Box (Laptop/ Phone Audio)		\$65
Wireless Microphone Unit:		\$195
Individual Small Powered Speaker (up to 5 people)		\$85
4-Channel Mixer		\$70
ACCESSORIES	ΩΤΥ	PRICE
Tripod Screens: 6', 7' or 8'		\$90
Safelock Stand		\$35
CUSTOM ITEMS	ΩΤΥ	PRICE
		\$
- 		\$

# MONITORSQTYPRICE32" LCD Monitor (Dual Post Stand,<br/>Table Stand, Speakers)\$26052" LCD Monitor with floor stand\$56570" Monitor (Dual Post Stand,<br/>Table Stand, Speakers)Please contact PSAV for quote<br/>Table Stand, Speakers)

POWER	ΩΤΥ	PRICE
208V Single Phase - 20 AMP		\$135
208V Three Phase - 20 AMPs		\$185
208V Single Phase - 60 AMPs		\$290
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.

Operator labor, if requested, is subject to the prevailing hourly rate with a 4 hour minimum. An electronic receipt will be emailed to you.

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, Event Technology Support and Loss Damage Waiver will apply.

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

PSAV at Hyatt Regency Denver at Colorado Convention Center 650 15th Street, Denver, CO 80202





### Credit Card Consent / Security Deposit Form

Property Name: \_\_\_\_\_\_

## PLEASE FAX COMPLETED FORMS TO SECURE FAX NUMBER: 303-486-4314

Credit Card Type: American Express Dis	scover MasterCard Visa	
Credit Card Number:		
Exp Date:	Security Code	
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)		

correct to the best of my knowledge. As the cardholde	
Signature	Date
© 2015 PSAV Presentation Services All Rights	s Reserved.