EVENT INFORMATION

Show Name: ________________________________________________________________

Dates for Service: Start: ________________ End: ____________________________

Customer: __________________________________________________________________

EXHIBITOR PACKAGE OPTIONS:

Option 1: Display Easel  # of Days _____ x $25 = __________

Option 2: Power Strip & Extension Package  # of Days _____ x $40 = __________

Option 3: 32” TV Monitor w/ Floor Stand  # of Days _____ x $350 = __________

Option 4: 55” TV Monitor w/ Floor Stand  # of Days _____ x $550 = __________

Option 5: Basic Hotel Wi-Fi Internet Access per Connection  # of Days _____ x $65 = __________

Option 6: Laptop Computer  # of Days _____ x $175 = __________

Option 7: Other AV equipment requests (enter below):  # of Days _____ x $TBD= __________

______________________________________________________________________________

Total $________________________

** Many More Options Are Available – Please email djmckeon@cmiav.com or call 518-226-0219 for details.**

** All charges are per day and subject to 7% Sales Tax, 22% Service Charge, and Set/Strike Labor**

BILLING INFORMATION

PLEASE CALL THE CMI OFFICE AT 518.226.0219 TO GIVE CREDIT CARD INFORMATION.

Name (print) ________________________________ Date ____________________________

Signature ___________________________________ Date ____________________________

Please Fax or Email to: Attn: DJ McKeon
Director of Audio Visual Services- CMI
Fax# 518.226.0368 | Email: djmckeon@cmiav.com
EVENT INFORMATION

Show Name: ____________________________________________________________

Dates for Service: Start: ___________________          End: ______________

Customer: ____________________________________________________________

BILLING INFORMATION

Name on Card __________________________________________________________

Billing Address _________________________________________________________

____________________________________________________________________

Email Address _________________________________________________________

Phone Number _________________________________________________________

Card Number ____________________________ Exp Date ______________

Security Code (3 Digits on Back of Card) ______________

____________________________________________________________________

Name (print) ____________________________ Date _________________________

Signature ______________________________ Date _________________________