



EXHIBITOR REQUEST FORM

900 Walnut Street Boulder CO 80302

Phone 720-406-8204

Fax 720-406-7595

Attn: Tim Gumm

Exhibitor Information (please print or type)			
Company Name:		Meeting/Event Name:	BioInterface Symposium
Address:		Meeting/Event Dates:	October 2 – 3, 2018
City / State / Zip:		Booth #:	
Phone#:		Email Address:	

Audio Visual Equipment (Provided by Daylight Productions)	Qty	# of Days	Rate	Total
Extension Cord with Surge Protector Power Strip			\$30.00	
Sharp 80" 1080P High Resolution LCD Monitor			\$600.00	
Sharp 60" 1080P High Resolution LCD Monitor			\$450.00	
Sharp 46" 1080P High Resolution LCD Monitor			\$300.00	
Sharp 32" 1080P High Resolution LCD Monitor			\$225.00	
Flipchart Stand w/Pad & Markers			\$50.00	
Easel			\$15.00	
Other			Please Call	

Internet/Power	Qty	# of Days	Rate	Total
Wireless Internet	n/a	n/a	No charge	No charge
Hard Line Internet			\$30.00	
Power Access – Dedication 120v (Power Cord & Surge Protector Require)			\$50.00	
Other Electrical requirements (or if you are unsure of your needs)			Please Call	

Banner Hanging	Qty	Rate	Total
Install and Teardown (per banner)		\$50.00	

Receiving (Shipments cannot be received more than 3 days prior to event)	Qty	Rate	Total
Packages 1-10 lbs		\$5.00	
Packages 11-25 lbs		\$10.00	
Packages Over 25 lbs		\$15.00	
Pallet(s)		\$100/hr	

Ordering Instructions	Subtotal
Equipment and services are per day, per room/function/booth space unless otherwise noted. Full payment must be included with order. Orders not received 5 business days in advance will be assessed an additional \$50.00 service charge. Cancellations must be received in writing 72 hours prior to event start time.	
Payment Instructions	
Total Estimated Charges will be posted to this credit card 72 hours prior to event start date. Any additional charges or adjustments will be made at the conclusion of the specified event. Receiving charges are not assessed with Tax or Service charges, this is a labor fee.	
	TOTAL

Method of Payment			
Credit Card Type (VISA, Amex, etc.):		CVC#: 3-digit code on back of card	
Card Number:		Exp. Date:	
Cardholder Printed Name: (as it appears on card)		Cardholder Signature:	Date:

Please Label all Packages as Follows:	Please return completed form to Tim Gumm
St Julien Hotel & Spa 900 Walnut Street Boulder, CO 80302 Attn: (meeting/event name) Care of: (Exhibitor Name/Company) Package(s): (1 of __, 2 of __)	Fax: 720-406-7595 or Email: tgumm@stjulien.com