



Office 512.404.6947  
 Fax 512.404.6911

## Exhibitor Services Order Form

### Contact Information

Exhibitor Company Name
Contact Name
Address
City, State, Zip
Telephone Number
Fax Number
Email Address

### Payment Terms & Conditions

- Full payment, including sales tax, is due 10 business days prior to group event. Purchase orders are not accepted.
- Cancellations less than 24 hours prior to exhibit load-in will be charged 100% of one day's rate.
- A representative must be in your booth to sign for delivery of equipment.
- The Equipment requested is for use in the exhibit area only.
- Exhibitor agrees to be billed for any damages or loss of equipment while in exhibitor's care or control. Any additions or variances will be billed within 24 hours after close of the event program.
- A 22% Labor Fee will be applied to all AV equipment rented for set, strike & delivery for each day's use.**

### Set Up Information (Please provide the requested information)

Program		Booth #	
Function Room		Setup Time	
Set Up Date		End Time	
End Date			

Quantity x Days = Total

#### Computer Display Packages

20" LCD Monitor	\$200.00	x	_____	=	_____
32" LCD TV	\$320.00	x	_____	=	_____
50" Plasma Display	\$500.00	x	_____	=	_____
Projection (3300 lumen)	\$725.00	x	_____	=	_____

#### Video Equipment

DVD/VCR Combo*	\$65.00	x	_____	=	_____
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#### Audio Equipment

Self Powered Speaker*	\$85.00	x	_____	=	_____
4 Channel Mixer*	\$50.00	x	_____	=	_____
12 Channel Mixer*	\$100.00	x	_____	=	_____
Wireless Microphone*	\$150.00	x	_____	=	_____
CD Player*	\$65.00	x	_____	=	_____

#### Accessories

Easel*	\$10.00	x	_____	=	_____
Tripod Screen (up to 8' x 8')*	\$75.00	x	_____	=	_____
Wireless Mouse*	\$45.00	x	_____	=	_____
25' VGA Cable*	\$25.00	x	_____	=	_____

#### Electricity

<b>Power Package</b>	<b>\$45.00</b>	x	_____	=	_____
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(Includes: electricity, power cord, power strip and labor)

#### High Speed Internet

Wireless Connection (.25 Mb)	\$35.00	x	_____	=	_____
Wired Connection (1 Mb)	\$125.00	x	_____	=	_____

<b>Payment</b> <small>Please complete the requested information</small>	Equipment Subtotal	
Card Holder's Name	*22% Labor Fee	
Billing Address	(for applicable items)	
Card Number	8.25% Sales Tax	
Expiration Date                      Verification #	<b>Grand Total</b>	
Card Type	<b>Signature</b>	