

Exhibitor Order Form



COMPANY NAME:								
DATE OF EVENT:					ORDER SUBMISSION DATE:			
General Audio/Visual Equipment	Qty	Days	Charge Per Day	TOTAL		CUSTOMER INFO	DRMATION	
DVD Player (No Monitor)			\$75	\$0.00				
19" Flat Screen Monitor			\$175	\$0.00	COMPANY NAME:			
LCD Projector Package with 6' Screen			\$600	\$0.00				
32" LCD Display Monitor on cart			\$250	\$0.00	ADDRESS:			
55" LCD Display Monitor on Stand			\$400	\$0.00				
Laser Pointer			\$50	\$0.00	CITY:			
Power Strip & Extension Cord			\$30	\$0.00				
Power			\$50	\$0.00	STATE:		ZIP:	
Computers and Office Equipment								
Laptop Computer			\$200	\$0.00	TELEPHONE:			
AV Cart with A/C and 25' VGA			\$75	\$0.00				
Laser Printer - Black & White			\$150	\$0.00	FAX:			
Wireless Mouse			\$75	\$0.00				
Internet - Hard Line			\$250	\$0.00	CONTACT NAME:			
Internet - Wireless			\$10	\$0.00				
Scenic Elements					EMAIL:			
Pipe and Drape (9'-13' wide; 10'-16' tall)			\$175	\$0.00				
Custom Orders	Qty	Days	Charge per Day	TOTAL		ORDERING INST	RUCTIONS	
Large Sound Systems	Call fo	r Quote			SITE CONTACT			
Custom Lighting Design	Call for Quote							
LED Displays / Video Walls	Call fo	r Quote			ON SITE CELL #			
Rigging	Call fo	r Quote						
Printer/Copier Equipment	Call fo	r Quote				BOOTH #		
Ec	luipmer	nt Total		\$ -				
Service Charge / Delivery (22% of	Total)		\$ -	1	NAME OF ROOM		
Subtotal				\$ -				
Tax (5.6%)			\$-	DELIVERY DATE		TIME		
Total Due				\$-	PICKUP DATE		ТІМЕ	
1. Please fill out form (YELLOW boxes o			5. All cancellations the day of the show are subject to full amount of the order to include delivery and tax					
2. If you are tax exempt, please forward certificate				6. Price valid for booth events only				
3. Il you require a technician to operate equipment,				 Signed Credit Card Authorization Form must be on file before equipment delivery Customer agrees to pay in full for lost, stolem or damaged equipment 				
. All cancellations within 48 hours, subject to 50% fee								

INSTRUCTIONS / PAYMENT	PLEASE RETURN TO:		
 Please type right into the Exhibitor Form. The form will automatically calculate the Totals. To have payment processed, please fill out the Credit Card Authorization Form below. Type into the form, then print it out and sign it. 	American Audio Visual Center The Pfister Hotel 424 East Wisconsin Avenue Milwaukee, WI 53202 P: 414-837-2332 203exhibits@americanavc.com F: 414-837-2338		

Credit Card Authorization



Date of Event			Location o	f Event			
Event Name							
Company Name							
Billing Address							
Phone No This is the Final Payment					Additional pa	ial payment / deposit due a syments / charges may be quests on Equipment or La	applied due to
This letter authorizes American Audio Visual Center, Inc. to charge our company credit card, or my personal credit card in the amount of \$							
The Credit Card Accou	unt #						
Verification ((if Visa or Master		Last 3 digit	s on back of card	Ex	piration Date		
Name as it appears on	the card						
Card Holders Signature							
Below for internal us	e only						
Authorization Code							

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