



Four Seasons Hotel Audio Visual Exhibitor Order Form

p702.632.5242 f702.632.5069



EQUIPMENT & POWER	QTY	DAILY COST	# OF DAYS =	TOTAL
Easel		\$ 20.00		\$ -
AV Cart (36",42" or 54" w/skirt)		\$ 40.00		\$ -
Flipchart Kit		\$ 80.00		\$ -
Laptop Audio		\$ 125.00		\$ -
20 Amp Power Drop w/ Power Strip		\$ 140.00		\$ -
COMPUTER EQUIPMENT	QTY	DAILY COST	# OF DAYS =	TOTAL
Laptop Computer		\$ 260.00		\$ -
Wireless Slide Advancer		\$ 65.00		\$ -
B/W Laserjet Printer		\$ 245.00		\$ -
Fax Machine		\$ 150.00		\$ -
DATA MONITORS / PROJECTORS	QTY	DAILY COST	# OF DAYS =	TOTAL
20" Flat Panel Data Monitor		\$ 165.00		\$ -
Meeting Room Projector Package		\$ 760.00		\$ -
32" Monitor & Stand Package		\$ 390.00		\$ -
50" Monitor & Stand Package		\$ 730.00		\$ -
CONNECTION SERVICES	QTY	DAILY COST	# OF DAYS =	TOTAL
Wireless Internet Connection (5 Mbps)		\$ 45.00		\$ -
Wired Internet Connection		\$ 225.00		\$ -

	SUBTOTAL
	Tax 8.1% of Subtotal.
	Delivery, Installation, Removal & Pick-up 23% of Subtotal.
Loss/Damage Waiver - Insurance policy covering accidental damage to equipment 7% of Subtotal.	
TOTAL	

*** Electrical power arrangements are the responsibility of the exhibitor

EXHIBITOR INFORMATION	PAYMENT INFORMATION																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">SHOW NAME:</td> <td>Room</td> </tr> <tr> <td>FIRM NAME:</td> <td></td> </tr> <tr> <td>ORDER BY & EMAIL:</td> <td></td> </tr> <tr> <td>ONSITE CONTACT:</td> <td></td> </tr> <tr> <td>ADDRESS CITY, STATE, ZIP</td> <td></td> </tr> <tr> <td>PHONE: FAX:</td> <td></td> </tr> <tr> <td>EMAIL ADDRESS</td> <td></td> </tr> <tr> <td>OPENING DATE: TIME:</td> <td></td> </tr> <tr> <td>REMOVAL DATE: TIME:</td> <td></td> </tr> </table>	SHOW NAME:	Room	FIRM NAME:		ORDER BY & EMAIL:		ONSITE CONTACT:		ADDRESS CITY, STATE, ZIP		PHONE: FAX:		EMAIL ADDRESS		OPENING DATE: TIME:		REMOVAL DATE: TIME:		<p>The customer agrees to pay in full for loss or theft of any equipment provided by Presentation Services PSAV. Pre-payment must accompany ALL orders unless prior.</p> <p>CARD TYPE (Visa, Mastercard, AMEX, Diners Club)</p> <p>CARDHOLDERS NAME:</p> <p>CREDIT CARD NUMBER: EXP. DATE:</p> <p style="color: red; font-weight: bold;">PLEASE CALL NUMBER BELOW WITH CREDIT CARD NUMBER</p> <p>SIGNATURE: DATE:</p> <p style="text-align: center;">FOR MORE INFORMATION: Phone: 702.632.5242 Fax: 702.632.5069 e-mail: rwolf@psav.com</p>
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Presentation Services PSAV, c/o Four Seasons Hotel, 3960 Las Vegas Blvd South, Las Vegas, NV 89119