



# Four Seasons Hotel Audio Visual Exhibitor Order Form

**p702.632.5242    f 702.632.5069**



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		\$ -
Push To Talk - Gooseneck		\$ 100.00		\$ -
20 Amp Power Drop w/ Power Strip		\$ 150.00		\$ -
COMPUTER EQUIPMENT	QTY	DAILY COST	# OF DAYS =	TOTAL
Laptop Computer		\$ 250.00		\$ -
Wireless Slide Advancer		\$ 65.00		\$ -
B/W Laserjet Printer		\$ 245.00		\$ -
Color Laser Jet Printer		\$ 515.00		\$ -
DATA MONITORS / PROJECTORS	QTY	DAILY COST	# OF DAYS =	TOTAL
21" Flat Panel Data Monitor		\$ 155.00		\$ -
Meeting Room Projector Package		\$ 760.00		\$ -
32" Monitor & Stand Package		\$ 405.00		\$ -
50" Monitor & Stand Package		\$ 785.00		\$ -
CONNECTION SERVICES	QTY	DAILY COST	# OF DAYS =	TOTAL
Wireless Internet Connection (5 Mbps)		\$ 45.00		\$ -
Wired Internet Connection		\$ 225.00		\$ -

	<b>SUBTOTAL</b>
	Tax 8.25% of Subtotal.
	Delivery, Installation, Removal & Pick-up 23% of Subtotal.
Loss/Damage Waiver - Insurance policy covering accidental damage to equipment 4% of Subtotal.	
*** Electrical power arrangements are the responsibility of the exhibitor	<b>TOTAL</b>

Exhibitor Information	PAYMENT INFORMATION
SHOW NAME: <input style="width: 80%;" type="text"/> Room: <input style="width: 20%;" type="text"/>	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
FIRM NAME: <input style="width: 95%;" type="text"/>	
ORDER BY & EMAIL: <input style="width: 95%;" type="text"/>	CARD TYPE (Visa, Mastercard, AMEX, Diners Club) <input style="width: 95%;" type="text"/>
ONSITE CONTACT: <input style="width: 95%;" type="text"/>	CARDHOLDERS NAME: <input style="width: 95%;" type="text"/>
ADDRESS: <input style="width: 40%;" type="text"/> CITY, STATE, ZIP: <input style="width: 50%;" type="text"/>	CREDIT CARD NUMBER: <input style="width: 60%;" type="text"/> EXP. DATE: <input style="width: 20%;" type="text"/>
PHONE: <input style="width: 30%;" type="text"/> FAX: <input style="width: 30%;" type="text"/>	<b>PLEASE CALL NUMBER BELOW WITH CREDIT CARD NUMBER</b>
EMAIL ADDRESS: <input style="width: 95%;" type="text"/>	SIGNATURE: <input style="width: 60%;" type="text"/> DATE: <input style="width: 20%;" type="text"/>
OPENING DATE: <input style="width: 30%;" type="text"/> TIME: <input style="width: 20%;" type="text"/>	Please send completed form via email or fax using the following information: Phone: 702.632.5242 Fax: 702.632.5069 e-mail: mmckinnon@psav.com
REMOVAL DATE: <input style="width: 30%;" type="text"/> TIME: <input style="width: 20%;" type="text"/>	

**Presentation Services PSAV, c/o Four Seasons Hotel, 3960 Las Vegas Blvd South, Las Vegas, NV 89119**