



flawless performance. dramatic results.

Address: 1900 Buena Vista Dr., Orlando, FL 32830

Phone: 407 827 3925 **Fax** 407 827 3902

Email: 1719exhibits@psav.com



BUENA VISTA PALACE
HOTEL & SPA

Show Name:	Start Date:	End Date:	#Show Days:
Company Name:			
Onsite Contact:		Room/Exhibit Booth#:	
Street Address:	City & State:	Zipcode:	
Telephone Number:		Fax Number:	
Ordered By:	Print Cardholder's Name:	Billing Zipcode:	
<input type="checkbox"/> Amex <input type="checkbox"/> Mcard	CC#:	Exp Date:	
<input type="checkbox"/> Visa <input type="checkbox"/> Check			
Cardholder's Signature		Email Address:	

PAYMENT MUST ACCOMPANY ALL ORDERS 10 DAYS PRIOR TO SHOT SET UP FOR ADVANCE PRICE TO APPLY.

ELECTRICAL OUTLETS - Approximately 120v A.C. 60 Cycle				
120 VOLTS	Qty	Advanced Price	Standard Price	Cost
0 - 500 WATTS (5AMPS)		\$85.00	\$125.00	
500-1000 WATTS (10AMPS)		\$150.00	\$225.00	
1001 - 1500 WATTS (15AMPS)		\$175.00	\$255.00	
1501 - 2000 WATTS (20AMPS)		\$195.00	\$295.00	

EXTENSION CORDS			
Electricity Not Included	Qty	Standard Price	Cost
25' Extension Cord		\$30.00	
Quad Outledt/Power Strip		\$30.00	

LABOR: Minimum labor charge of (1 1/2) one and a half hours for hook up and (1) one hour to dismantle

ST Mon- Fri 8:00am-5:00pm (Except Holidays)		\$90.00	
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OT Mon-Fri 5:00pm - 12:00am (Sat/Sun/Holidays)		\$135.00	
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DT Mon - Fri 12:00am 8:00am (Sat/Sun/Holidays)		\$180.00	
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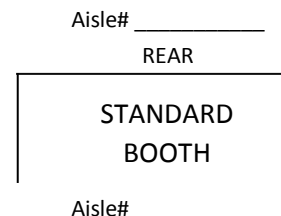
ELECTRICAL SERVICE CONNECTIONS - Approximately 208v A.C. 60 Cycle				
208 VOLTS SINGLE PHASE * Requires Labor				
20 AMPS		\$345.00	\$490.00	
30 AMPS		\$430.00	\$615.00	
60 AMPS		\$580.00	\$825.00	
100 AMPS		\$720.00	\$1,025.00	
208 VOLTS THREE PHASE * Requires Labor				
20 AMPS		\$475.00	\$680.00	
30 AMPS		\$625.00	\$895.00	
60 AMPS		\$850.00	\$1,215.00	
100 AMPS		\$1,080.00	\$1,545.00	
200 AMPS		\$1,610.00	\$2,015.00	
400 AMPS		\$2,375.00	\$3,025.00	

SUBTOTAL	
23% SERVICE CHARGE will apply on all orders	
LABOR	
6.5%FLORIDA SALES TAX	
TOTAL DUE	
FULL PAYMENT DUE PRIOR TO SHOW OPENING	

There is a minimum labor charge of 1 1/2 hours for hook up and 1 hour to dismantle for special events, island booths and 208 Volt Services

Rates for higher wattages, voltage or special lighting on request. Special hanging or installation done on time and material basis. SPECIAL INSTRUCTIONS - AISLE#

ISLAND BOOTHS
A scaled floor plan must accompany orders showing locations of electrical outlets, connections and lighting equipment.



ALL PRICES ARE SUBJECT TO CHANGE



Partners In Show!

Please fax completed form to **407-827-3902** or email to **1719exhibits@psav.com**

EXHIBITOR HIGH SPEED INTERNET AND AUDIOVISUAL SERVICES ORDER FORM						
CUSTOMER INFORMATION						
Company Name:			Location/Booth Number:			
Show Name:			Show Dates:			
Billing Contact Name:			Phone Number:			
Billing Street Address:			On-Site Contact Name:			
City, State & Zip:						
E-Mail Address:						
INTERNET SERVICES (Charged no more than two days in a single week)	QTY	DAYS		RATE	TOTAL	
High Speed Internet Connection		x	x	\$125.00	=	\$
Static IP Address (Per Computer, Per Day)		x	x	\$350.00	=	\$
A/V EQUIPMENT (Charged no more than three days in a single week)	QTY	DAYS		RATE	TOTAL	
(2) Powered Speakers with Mixer		x	x	\$230.00	=	\$
Wireless Microphone		x	x	\$170.00	=	\$
DVD or VHS Player		x	x	\$80.00	=	\$
54" AV Cart w/ Drape		x	x	\$20.00	=	\$
32" Monitor/TV		x	x	\$350.00	=	\$
LCD Projector 4000 Lumen		x	x	\$500.00	=	\$
6' Projection Screen		x	x	\$50.00	=	\$
17" LCD Flat Monitor		x	x	\$150.00	=	\$
21" LCD Flat Monitor		x	x	\$200.00	=	\$
42" Plasma Monitor		x	x	\$600.00	=	\$
50" Plasma Monitor		x	x	\$900.00	=	\$
Chrome Post Stand		x	x	\$150.00	=	\$
Laptop 2Ghz/20gb/Win XP		x	x	\$250.00	=	\$
Laser Printer (B/W) (weekly charge)		x	x	\$500.00	=	\$
Service Charge				23%		\$
Sales Tax				6.50%		\$
ESTIMATED GRAND TOTAL						\$

RENTAL POLICY	PAYMENT INSTRUCTIONS
<p>All equipment to be in operating condition upon delivery. If a malfunction is experienced in operation, the problem must be reported immediately. We will replace or repair the equipment. We are not responsible for problems reported after the rental period. Clients are responsible for all items while in their use; this includes damage, loss, theft, or vandalism. Repair or replacement costs will be charged. Cancellation of Equipment: 48 hour notice of cancellation is required for rental equipment or a fee of 50% of the normal one day rental rate will be charged. If equipment is delivered, client will be charged the normal one-day rate. Prices are based on current rates and are subject to change without notice. All equipment is on a daily rate per-room/booth basis.</p>	<p>Please indicate method of payment. This section must be completed before your order can be processed. A credit authorization is requested as a deposit against additional services and/or labor. Payment of any balances may be made by company check upon presentation of statement while at the event. However, a credit card authorization must be on file. Any balances outstanding as of move-out will be charged to your account</p>
	<p>Credit Card Type: <input type="checkbox"/> Amer. Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p>
	<p>Card # <input type="text"/> Exp. Date: <input type="text"/></p>
	<p>Card holder name: <input type="text"/></p>
	<p>Signature: <input type="text"/></p>
	<p>Total Equipment Rental (Including tax and service charge): \$ <input type="text"/></p>

For additional custom quotes or for questions, contact:

Phone: 407-827-3925 Fax: 407-827-3902

ALL EQUIPMENT CANCELLATIONS MUST BE RECEIVED AT LEAST 48 HOURS BEFORE THE START OF YOUR SHOW TO AVOID A ONE DAY MINIMUM CHARGE.

Please Note: If you are tax exempt please fax your tax exempt certificate with this order form.



PARTNERS IN SHOW™



Credit Card Consent / Security Deposit Form

PSAV LOCATION NUMBER: _____ Property Name: Disney's Coronado Springs Resort

Credit Card Type: *American Express* _____ *Discover* _____ *MasterCard* _____ *Visa* _____

Credit Card Number: _____

Exp Date: _____ **Security Code** _____

Cardholder's Name: _____

(As it appears on credit card)

Cardholder Billing Address: _____ **Zip Code (REQUIRED):** _____

(Only numeric portion required)

Cardholder email address: _____

Customer Name: _____

(Name as it should appear on the invoice)

Invoice/Order Number(s): _____

I, (please print) _____, certify the above information to be true and correct to the best of my knowledge. As the cardholder, I am authorizing the above credit card account to be charged for the attached order and any additional amounts incurred as a result of all show site changes ordered by my representatives and/or place my card on file for Security Deposit purposes in the event of payment default, cancellation fees or damages/losses owed per PSAV Terms and Conditions – See Terms and Conditions.

Signature _____ **Date** _____

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