

Exhibitor Audio Visual Request

PSAV @ Hilton Waikoloa Village
425 Beach Resort
Waikoloa, Hawaii 96738
Phone: (808)886-1234 FAX: (877)929-6035



If you have a special request or need additional equipment, please call. An email confirmation will be sent once your order is received and processed.

Video Equipment		Qty	DAILY RATE		Days	Total	Customer Information	
			Advanced	On-Site	Used			
23" Flat Panel LCD Desktop Display (computer monitor)			\$100.00	\$145.00			Show Name:	
Single DVD Player			\$70.00	\$95.00			Company Name:	
46" LCD Monitor Display (Flat Panel TV)			\$525.00	\$625.00			Address:	
55/60" NEC Plasma Display (Flat Panel TV)			\$700.00	\$800.00			City:	
LCD/Plasma Dual Pole Mounting Stand			\$110.00	\$150.00			State:	Zip:
SVGA LCD Data/Video Projector 1024x768 2500 Lumens			\$275.00	\$300.00			Ordered By:	
SXGA LCD Data/Video Projector 1280X1024 3700 Lumens			\$400.00	\$490.00			Telephone #:	
Tripod Projection Screens 6'-8' Portable			\$60.00	\$80.00			Fax #:	
Laptop			\$250.00	\$300.00			EMAIL:	
36" Rolling Cart w/Black Drape			\$25.00	\$50.00				
Audio Equipment		Qty	DAILY RATE		Days	Total	Ordering Instructions	
			Advanced	On-Site	Used			
CD Player/Ipod (MP3 Hookup)			\$55.00	\$80.00			<p>⇒ THE TOTAL CHARGE PER ITEM IS DETERMINED BY MULTIPLYING THE QUANTITY BY THE DAILY RATE BY THE NUMBER OF SHOW DAYS TO BE USED.</p> <p>⇒ TAX EXEMPT STATUS - If you are exempt from payment of sales tax, we require you to forward an exemption certificate for the state in which the services are to be provided.</p> <p>⇒ To guarantee the advanced rate, the order should reach us 5 working days prior to delivery. Equipment availability is subject to change without notice.</p> <p>⇒ CANCELLATIONS:</p> <p>A) Cancellation of equipment ordered must be received 24 hours prior to delivery date to avoid a one day equipment charge plus all Delivery/Set-up/Pick-up Labor.</p> <p>B) If services have already been provided at the time of cancellation, 50% of original charges will be applied.</p> <p>⇒ The equipment is the responsibility of the client from delivery until it is picked up after show closing.</p>	
4 Channel Mixing Console (needed for more than one input)			\$55.00	\$65.00				
Wired Microphone: Handheld or Lavalier (circle one)			\$55.00	\$60.00				
Wireless Microphone: Handheld or Lavalier (circle one)			\$175.00	\$200.00				
Powered Speaker w/Stand			\$110.00	\$150.00				
Telecommunications		Qty	DAILY RATE		Days	Total		
			Advanced	On-Site	Used			
Hotel Phone Line Hookup *REQUIRED when ordering phoneline			\$150.00	\$150.00	NA			
Hotel Phone (outbound & inbound calling) charges calculated from hotel			\$60.00	\$75.00				
Polycom Conferencing Phone System			\$135.00	\$165.00				
Electrical Connection (booths)		Qty	DAILY RATE		Days	Total		
			Advanced	On-Site	Used			
(1) Power Strip & Extension cord run to table/Booth (specify approximate Watts equipment will need)			\$95.00	\$135.00				
Miscellaneous (items not listed)		Qty	PRICING		Days	Total		
			Determined on quote		Used			
Rental Totals		PRE-PAYMENT IS REQUIRED ON ALL ORDERS				Delivery Information		
EQUIPMENT TOTAL		1			Show Location:			
DELIVERY/SETUP/PICKUP (REQUIRED)- 23% Equipment Technology Support Charge		2			Show Start Date:	Time:		
SUB-TOTAL		3			Delivery Date:	Time:		
HAWAII SALES TAX - 4.16%		4			Booth #:	Room #:		
TOTAL AMOUNT DUE		5			Pick-up Date:	Time:		
⇒ TO AVOID REPEAT DELIVERY CHARGES SOMEONE MUST BE IN YOUR BOOTH AT THE SPECIFIED DELIVERY TIME TO SIGN FOR THE EQUIPMENT.								

EMAIL FORM FOR QUICKEST SERVICE TO: kclayton@psav.com



Credit Card Consent / Security Deposit Form

PSAV LOCATION NUMBER: _____ Property Name: _____

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

Credit Card Number: _____

Expiration Date: _____

Cardholder's Name: _____
(As it appears on credit card)

Cardholder Billing Address: _____ **Zip Code (REQUIRED):** _____
(Only numeric portion required)

Cardholder email address: _____

Cardholder's Phone Number: _____

Customer Name: _____
(Name as it should appear on the invoice)

Invoice/Order Number(s): _____ **Customer PO:** _____
(If a PO # is not provided use loc # and Order ID XXXX XXXX)

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 _____