

## EXHIBITOR ORDER FORM



Equipment	QTY	Price through 5/4/2018	Price after 5/4/2018	Total	How to Order
<b>Computers &amp; Accessories</b>					
Laptop (Windows 8, Office)		\$100.00	\$125.00		Fax Completed Form to 650-472-1410
(4gb Ram, 2.53Ghz Processor)					Booth/Room:
					Cancellation of equipment must be received 72 hours prior to delivery date to avoid a 50% rental charge
<b>Displays &amp; Accessories</b>					
20" LCD Flat Panel Display		\$50.00	\$62.50		<b>Required Information</b>
24" LCD Flat Panel Display		\$75.00	\$125.00		<b>Please Print</b>
32" HDTV/Monitor		\$150.00	\$187.50		Company Placing Order
42" HDTV/Monitor		\$250.00	\$312.50		
50" HDTV/Monitor		\$350.00	\$437.50		
58" HDTV/Monitor		\$450.00	\$600.00		Mailing Address
65" 4K HDTV/Monitor		\$550.00	\$780.00		
80" 4K HDTV/Monitor		\$800.00	\$960.00		
Floor Stand		\$200.00	\$250.00		City
Plasma/LCD Mount (included in screen rental)		\$50.00	\$62.50		State Zip Code
					Contact Name
<b>Projectors &amp; Screens</b>					Contact Phone
3200 Lumens Projector		\$250.00	\$312.50		Contact Email
Projection Screen		\$100.00	\$125.00		
			\$0.00		<b>Required Delivery Information</b>
			\$0.00		<b>PLEASE FILL IN BOOTH AND COMPANY NAME UP TOP</b>
			\$0.00		Delivery Date
			\$0.00		Time [ ] 8A-12P [ ] 1P-5P [ ] No Preference
<b>Sound Systems</b>					On-site Contact Name
Small Sound System (1 wireless mic)		\$500.00	\$625.00		On-site Contact Cell:
			\$0.00		If equipment has a problem, it is the exhibitors responsibility to notify Corporate AV staff right away so we can address the problem.
			\$0.00		
<b>Miscellaneous</b>					
			\$0.00		Not sure what you need? Is there a piece of equipment not on our list that we can help you with? Need assistance ordering? CALL 1-877-621-2938 for assistance
			\$0.00		
<b>QUESTIONS ??? Call 1-877-621-2938 or email cs@c-av-p.com</b>					
<b>TOTALS</b>					
<b>EQUIPMENT TOTAL</b>		1			
<b>PROCESS/DELIVERY CHARGE</b>		2	\$140.00		
<b>TOTAL - ADD LINES 1 &amp; 2</b>		3			
<b>METHOD OF PAYMENT -- Please Print Clearly</b>					
Card Number, Expiration Date, CVC Number				Check One	
Name on Card				<input type="checkbox"/>	MASTERCARD
				<input type="checkbox"/>	VISA
				<input type="checkbox"/>	AMERICAN EXPRESS
				<input type="checkbox"/>	CHECK (PRE-SHOW ONLY)
Card Billing Address / City / Zip Code				Make payable to Corporate AV	
				Send to 415 Nelo St. Santa Clara, CA 95054	
Signature				<b>Billing Inquiries to cs@corpav.net</b>	