PSAV PRESENTATION SERVICES

# EXHIBITOR AUDIO VISUAL RENTAL ORDER FORM

***Hyatt Regency Bellevue***
***Bellevue, WA***

Show or Group Name: _____

Company Name: _____

| | | | |
|---|---|---|---|
| Ballroom Name or Booth #: | | On-Site Contact: | |
| Delivery Date: | | Time: | Pick-up Date: Time: |
| Show Start Date: | | Time: | |

**If you have a special request or need additional equipment, please call Presentation Services at 619.358.6758**

| Audio Visual Equipment | Qty | DAILY RATE Advanced | DAILY RATE On Site | Days Used | Total |
|---|---|---|---|---|---|
| Laptop or Desktop Computer (XP or Vista) Windows Platform | | $200.00 | $250.00 | | $ - |
| DVD Player | | $75.00 | $100.00 | | |
| 32" LCD Flat Screen Monitor with DVD Player on Stand | | $300.00 | $350.00 | | |
| 17"-29" Flat Screen Data Monitor | | $200.00 | $225.00 | | |
| 32" LCD Monitor (Data/Video) | | $225.00 | $250.00 | | |
| 42" Plasma Data/Video Monitor | | $400.00 | $450.00 | | |
| 50" Plasma Data/Video Monitor | | $500.00 | $550.00 | | |
| SVGA LCD Projector Package (2100 Lumens), with Screen | | $400.00 | $450.00 | | |
| 5'-8' Tripod Screen (skirted) | | $55.00 | $65.00 | | |
| AV Cart (32"-54") | | $25.00 | $30.00 | | |

| HSIA and Telephone Services | Qty | DAILY RATE Advanced | DAILY RATE On Site | Days Used | Total |
|---|---|---|---|---|---|
| Single User/Device (Shared Bandwidth non-routable IP) Wired/Wireless | | $350.00 | | | |
| Additional User/device | | $50.00 | | | |
| Static IP Address (in addition to HSIA) | | $100.00 | | | |
| 4 Port Conference Hub | | $50.00 | $75.00 | | |
| 5 Port Network Switch | | $50.00 | $75.00 | | |
| 24 Port Network Switch | | $200.00 | $300.00 | | |
| DID Phone Line | | $100.00 | | | |
| Polycom Speakerphone | | $125.00 | $150.00 | | |

| Power Distribution | Qty | DAILY RATE Advanced | DAILY RATE On Site | Days Used | Total |
|---|---|---|---|---|---|
| 5 Amps or 500 Watts | | $25.00 | $30.00 | | |
| 10 Amps or 1000 Watts | | $30.00 | $40.00 | | |
| 20 Amps or 2000 Watts | | $40.00 | $50.00 | | |
| 30 Amps - 200 Amps | | Call | Call | | |
| 25' Extension Cords | | $15.00 | $15.00 | | |
| Power Strips | | $15.00 | $15.00 | | |

| Shipping/Receiving and Misc. | Qty | DAILY RATE Advanced | DAILY RATE On Site | Days Used | Total |
|---|---|---|---|---|---|
| Per Box Handling Fee | | $5.00 | | | |
| Per Pallet | | $100.00 | | | |
| Easel (signage) | | $20.00 | $25.00 | | |
| Banner Hanging Fee (per banner up to 6' x 6') | | $100.00 | $125.00 | | |
| Banner Hanging Fee (over 6' - additional labor needed) | | $50.00 | $75.00 | | |

## Rental Totals

**PRE-PAYMENT IS REQUIRED ON ALL ORDERS**

| | | |
|---|---|---|
| **EQUIPMENT TOTAL** | 1 | |
| **DELIVERY/SETUP/PICKUP *(REQUIRED)*** *- 22% of line 1 or $75.00 minimum* | 2 | |
| **SUBTOTAL** | 3 | |
| **WA STATE SALES TAX -** 9.5% *of Subtotal line 3* | 4 | |
| **TOTAL AMOUNT DUE** | 5 | |

## Customer Information

Address:

City:

State: Zip:

Ordered By:

Telephone:

email:

Orders received within **24 hours prior** will be subject to the **ON-SITE DAILY RATE**

## Ordering Instructions

The total charge per item is determined by multiplying the quantity by the daily rate by the number of show days to be used.

Please include applicable sales tax on equipment rental.

**TAX EXEMPT STATUS** - If you are exempt from payment of sales tax, we ask that you forward an exemption certificate for the state of Washington

To guarantee the advanced rate, the order should reach us 10 working days prior to delivery.

Equipment availability is subject to change without notice.

**CANCELLATIONS**

Cancellation of equipment ordered must be received 24 hours prior to delivery date to avoid a one day equipment charge plus Labor.

If services have already been provided at the time of cancellation, 50% of original charges will be applied.

No charge for equipment rental one day prior to show opening. (setup day)

## Return for Processing

**Presentation Services**
Hyatt Regency Bellevue
900 Bellevue Way NE
Bellevue, WA 98004
425.698.4396
Fax - 425.454.3559

## Method of Payment

**PLEASE CHECK ONE**

Card Number:

C V V ( Security Code)

Exp Date _____ / _____

American Express ☐

Visa ☐

MasterCard ☐

Cardholder's Name (Please print as it appears on card):

Cardholder's Signature: