



# CONVENTION CENTER EXHIBITOR SERVICES

From helping small gatherings create a great impact to amplifying a stage experience for hundreds of attendees, PSAV's event technology enhances every image, note and nuance of your important communication. Our goal is to achieve yours, effectively delivering your messages and making your meeting a memorable success.

Event: _____		Show Dates: _____			
Company: _____		Contact Name: _____			
Phone: _____		Email: _____			
	<b>ADVANCE</b>	<b>ON-SITE RATE</b>	<b>QUANTITY*</b>	<b>DAYS*</b>	<b>TOTAL</b>
<b>Video Equipment</b>					
20" Flat-Screen Monitor w/ Table Stand	\$150	\$185			
32" Flat-Panel Monitor w/ Stand	\$260	\$320			
42" Flat-Panel Monitor w/ Stand	\$425	\$515			
50" Plasma Monitor w/ Stand	\$525	\$630			
Blu-Ray DVD Player	\$95	\$115			
<b>Audio Equipment</b>					
Wired Microphone (with stand)	\$80	\$95			
Wireless Microphone	\$195	\$240			
Four-Channel Mixer	\$75	\$90			
12-Channel Mixer	\$170	\$205			
Small Anchor Powered Speaker	\$50	\$60			
EV SXA250 Powered Speakers (2)	\$250	\$300			
<b>Office Equipment</b>					
Laptop Computer	\$250	\$305			
Wireless Remote Presenter	\$60	\$75			
B/W Laser Printer	\$200	\$245			
Color Laser Printer	\$325	\$390			
<b>Internet, Phones and Miscellaneous</b>					
Wired Internet (1st connection)	\$200	\$245			
Each Additional Wired Connecton	\$85	\$100			
Wireless Internet (per device)	\$30	\$40			
Phone Line for CC (toll-free only)	\$150	\$180			
Outside Phone/Line	\$150	\$180			
*Quantity x Days = Total					<b>Equipment Total</b>
Orders received 10 days prior to the event or earlier are eligible for our Advance Rate.					Your Order will be subject to a 24% Hotel Service Charge and all applicable taxes.
Cancellations within 72 hours of your event will be billed in full.					
*Additional labor charges may be applied for extensive set ups. (You will be notified prior to the confirmation of the order.)					
Fax orders to: 847-303-4323 Questions please call: 847-303-4165					
Please contact us for equipment or services not listed.					

Card #: \_\_\_\_\_ Card Type: \_\_\_\_\_ Exp.: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_