



510 Market Street
Pittsburgh, Pa 15222



EXHIBITOR AUDIO-VISUAL ORDER FORM

Company Name: _____	Today's Date: / /
Street: _____	Show Name: NESPS Annual Meeting 10/2-6/19
Street: _____	Location: _____
City: State: Zip:	Booth # _____
Attn: _____	Date Required: / / Time: : AM/PM
Ordered By: _____	Date Finished: / / Time: : AM/PM
Email address: _____	On Site Contact: _____
Phone # _____	Staying At: Room #: _____

ORDER NOW... on-site requests will be handled in the order received

Equipment Required	QTY	Daily Rate	# of Days =	Total
Flip Chart Package w. Pad and Four Markers		\$ 71		
Laptop		\$ 235		
24" Monitor		\$ 200		
40-46" Monitor		\$ 495		
80" Monitor on Rolling Stand		\$ 850		
Power Package		\$ 42		
Other, Please Specify		\$		

Complete Payment Must Accompany Order

Please send completed credit card consent form with order

It is understood and agreed that the customer accepts full responsibility for any loss or damage to the equipment until it is returned to the Lessor.
Please see additional terms on rental order.

Authorized signature: _____

Date: ____ / ____ / ____

Cancellation within 48 hours = 50% of rental, cancellation within 24 hours = 100% of rental

Equipment Sub-Total	
22% ETS Charge (applies to all orders)	
Sub Total	
7% Tax	
Grand Total	

Please email to jebb_taylor@psav.com for confirmation



Credit Card Consent Form

PSAV Location Number: 1775 Property Name: Fairmont Pittsburgh

Credit Card Type: American Express ___ Discover ___ MasterCard ___ Visa ___

Credit Card Number: Please call 412-773-8828 or fax 412-773-8826 with Credit Card number

Expiration Date: _____

Cardholders Name: _____

(As it Appears on the Card)

Billing Address: _____ **Zip Code (Required):** _____

(Only numeric portion required)

Cardholders email address: _____

Cardholders 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 the location # and the 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:** _____