



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: _____			
	ADVANCE	ON-SITE RATE	QUANTITY*	DAYS*	TOTAL
Video Equipment					
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			
Audio Equipment					
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			
Office Equipment					
Laptop Computer	\$250	\$305			
Wireless Remote Presenter	\$60	\$75			
B/W Laser Printer	\$200	\$245			
Color Laser Printer	\$325	\$390			
Internet, Phones and Miscellaneous					
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				Equipment Total	
Orders received 10 days prior to the event or earlier are eligible for our Advance Rate. Cancellations within 72 hours of your event will be billed in full.				Your Order will be subject to a 24% Hotel Service Charge and all applicable taxes.	
*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: _____