



Riverfront Audio Visual

The Next Level in Presentation Support

EXHIBIT VENDOR ORDER FORM

Event Name: PTO TODAY EXPO

Event Date(s): 2/27/19

Booth/Vendor Contact: _____ Phone: _____

Booth Name: _____ Booth #: _____

Email: _____ Fax: _____

All orders will be confirmed via email, please include email address.

AUDIO VISUAL SERVICE NEEDS: (Please mark as needed)

Please call for any additional audio visual equipment needs not listed here.

	<u>QUANTITY</u>	<u>LENGTH OF RENTAL</u>	<u>TOTAL</u>
Electricity: 110V 15 Amp Standard Booth Service	_____ x \$130ea	x _____ DAYS	= \$ _____
Electricity: 110v 20 Amp Power Service*	_____ x \$160ea	x _____ DAYS	= \$ _____
Electricity: 115v 3x30 amp Power Box	_____ x \$225ea	x _____ DAYS	= \$ _____
Electricity: 208v 30 Amp Service *	_____ x \$250ea	x _____ DAYS	= \$ _____
High Speed Internet Connection	_____ x \$75ea	x _____ DAYS	= \$ _____
Router / Hub	_____ x \$30ea	x _____ DAYS	= \$ _____
Laptop Computer	_____ x \$150ea	x _____ DAYS	= \$ _____
Cable TV connection*	_____ x \$75ea	x _____ DAYS	= \$ _____
Telephone connection per line, <i>unlimited calling with handset</i>	_____ x \$125ea	x _____ DAYS	= \$ _____
Sound system: Powered speaker, Stand Wireless Mike	_____ x \$175ea	x _____ DAYS	= \$ _____
32" LCD Display	_____ x \$450ea	x _____ DAYS	= \$ _____
42" Plasma Display	_____ x \$295ea	x _____ DAYS	= \$ _____
50" Plasma Display	_____ x \$400ea	x _____ DAYS	= \$ _____
60" Plasma Display*	_____ x \$650ea	x _____ DAYS	= \$ _____
OTHER _____	_____ x \$ _____	x _____ DAYS	= \$ _____

**Installation for these services may have additional labor charges*

AUDIO VISUAL SERVICES TOTAL \$ _____

PAYMENT METHOD: (Please mark) CHECK (payable to *Riverfront Audio Visual*) CREDIT CARD

Type: Visa Master Card Amex Discover

Name on Card: _____ Phone: _____

Acct. Number: _____ Exp. Date _____ CVS Code: _____ (3 digit on back, 4 digit Amex front)

Billing Address: _____ City _____ State _____ Zip _____

I hereby authorize this order for equipment/services from Riverfront Audio Visual. I understand that payment is due *prior* to the event and have indicated my/our method above. I understand that this contract is for rental of the equipment except as noted. I understand I am responsible for the safe keeping of this equipment during this rental period. I also understand that I am responsible for any damage/replacement to/of the equipment during this period. Reasonable wear and tear is expected.

Signature Date

PLEASE FAX BACK TO: 302.261.7381 or MAIL WITH CHECK 2 WEEKS PRIOR TO EVENT DATE