PSAV
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Address: 1900 Buena Vista Dr., Orlando, FL 32830
Phone: 407 827 3925 **Fax** 407 827 3902
Email: 1719exhibits@psav.com

BUENA VISTA PALACE
HOTEL & SPA

Show Name:	Start Date:	End Date:	#Show Days:
Company Name:			
Onsite Contact:		Room/Exhibit Booth#:	
Street Address:	City & State:		Zipcode:
Telephone Number:		Fax Number:	
Ordered By:	Print Cardholder's Name:		Billing Zipcode:
☐ Amex ☐ Mcard ☐ Visa ☐ Check	CC#:		Exp Date:
Cardholder's Signature		Email Address:	

PAYMENT MUST ACCOMPANY ALL ORDERS 10 DAYS PRIOT TO SHOT SET UP FOR ADVANCE PRICE TO APPLY.

ELECTRICAL OUTLETS - Approximately 120v A.C. 60 Cycle

120 VOLTS	Qty	Advanced Price	Standard Price	Cost
0 - 500 WATTS (5AMPS)		$85.00	$125.00	
500-1000 WATTS (10AMPS)		$150.00	$225.00	
1001 - 1500 WATTS (15AMPS)		$175.00	$255.00	
1501 - 2000 WATTS (20AMPS)		$195.00	$295.00	

ELECTRICAL SERVICE CONNECTIONS - Approximately 208v A.C. 60 Cycle

208 VOLTS SINGLE PHASE * Requires Labor				
20 AMPS		$345.00	$490.00	
30 AMPS		$430.00	$615.00	
60 AMPS		$580.00	$825.00	
100 AMPS		$720.00	$1,025.00	
208 VOLTS THREE PHASE * Requires Labor				
20 AMPS		$475.00	$680.00	
30 AMPS		$625.00	$895.00	
60 AMPS		$850.00	$1,215.00	
100 AMPS		$1,080.00	$1,545.00	
200 AMPS		$1,610.00	$2,015.00	
400 AMPS		$2,375.00	$3,025.00	

EXTENSION CORDS

Electricity Not Included	Qty	Standard Price	Cost
25' Extension Cord		$30.00	
Quad Outledt/Power Strip		$30.00	

LABOR: Minimum labor charge of (1 1/2) one and a half hours for hook up and (1) one hour to dismantle

ST Mon- Fri 8:00am-5:00pm (Except Holidays)		$90.00	
OT Mon-Fri 5:00pm - 12:00am (Sat/Sun/Holidays)		$135.00	
DT Mon - Fri 12:00am - 8:00am (Sat/Sun/Holidays)		$180.00	

SUBTOTAL	
23% SERVICE CHARGE will apply on all orders	
LABOR	
6.5%FLORIDA SALES TAX	
TOTAL DUE	

FULL PAYMENT DUE PRIOR TO SHOW OPENING

There is a minimum labor charge of 1 1/2 hours for hook up and 1 hour to dismantle for special events, island booths and 208 Volt Services

Rates for higher wattages, voltage or special lighting on request. Special hanging or installation done on time and material basis. SPECIAL INSTRUCTIONS - AISLE#

ALL PRICES ARE SUBJECT TO CHANGE

ISLAND BOOTHS
A scaled floor plan must accompany orders showing locations of electrical outlets, connections and lighting equipment.

Aisle# _____
REAR

STANDARD BOOTH

Aisle# _____

PSAV PRESENTATION SERVICES

BUENA VISTA PALACE HOTEL & SPA

Partners In Show!

Please fax completed form to 407-827-3902 or email to 1719exhibits@psav.com

EXHIBITOR HIGH SPEED INTERNET AND AUDIOVISUAL SERVICES ORDER FORM

CUSTOMER INFORMATION

Company Name:	Location/Booth Number:
Show Name:	Show Dates:
Billing Contact Name:	Phone Number:
Billing Street Address:	On-Site Contact Name:
City, State & Zip:	
E-Mail Address:	

INTERNET SERVICES (Charged no more than two days in a single week)	***QTY***		***DAYS***		***RATE***		***TOTAL***
High Speed Internet Connection		x		x	$125.00	=	$
Static IP Address (Per Computer, Per Day)		x		x	$350.00	=	$
A/V EQUIPMENT (Charged no more than three days in a single week)	***QTY***		***DAYS***		***RATE***		***TOTAL***
(2) Powered Speakers with Mixer		x		x	$230.00	=	$
Wireless Microphone		x		x	$170.00	=	$
DVD or VHS Player		x		x	$80.00	=	$
54" AV Cart w/ Drape		x		x	$20.00	=	$
32" Monitor/TV		x		x	$350.00	=	$
LCD Projector 4000 Lumen		x		x	$500.00	=	$
6' Projection Screen		x		x	$50.00	=	$
17" LCD Flat Monitor		x		x	$150.00	=	$
21" LCD Flat Monitor		x		x	$200.00	=	$
42" Plasma Monitor		x		x	$600.00	=	$
50" Plasma Monitor		x		x	$900.00	=	$
Chrome Post Stand		x		x	$150.00	=	$
Laptop 2Ghz/20gb/Win XP		x		x	$250.00	=	$
Laser Printer (B/W) (weekly charge)		x		x	$500.00	=	$
			Service Charge		23%		$
			Sales Tax		6.50%		$
					ESTIMATED GRAND TOTAL		$

RENTAL POLICY

All equipment to be in operating condition upon delivery. If a malfunction is experienced in operation, the problem must be reported immediately. We will replace or repair the equipment. We are not responsible for problems reported after the rental period. Clients are responsible for all items while in their use; this includes damage, loss, theft, or vandalism. Repair or replacement costs will be charged. Cancellation of Equipment: 48 hour notice of cancellation is required for rental equipment or a fee of 50% of the normal one day rental rate will be charged. If equipment is delivered, client will be charged the normal one-day rate.Prices are based on current rates and are subject to change without notice.All equipment is on a daily rate per-room/booth basis.

PAYMENT INSTRUCTIONS

Please indicate method of payment. This section must be completed before your order can be processed. A credit authorization is requested as a deposit against additional services and/or labor. Payment of any balances may be made by company check upon presentation of statement while at the event. However, a credit card authorization must be on file. Any balances outstanding as of move-out will be charged to your account

Credit Card Type: ___Amer. Express ___Visa ___ MasterCard

Card #	Exp. Date:
Card holder name:	
Signature:	
Total Equipment Rental (Including tax and service charge):	$

For additional custom quotes or for questions, contact:

Phone: 407-827-3925 Fax: 407-827-3902

ALL EQUIPMENT CANCELLATIONS MUST BE RECEIVED AT LEAST 48 HOURS BEFORE THE START OF YOUR SHOW TO AVOID A ONE DAY MINIMUM CHARGE.

Please Note: If you are tax exempt please fax your tax exempt certificate with this order form.

PSAV PRESENTATION SERVICES
PARTNERS IN SHOW™

Credit Card Consent / Security Deposit Form

PSAV LOCATION NUMBER: _____ Property Name: _Disney's Coronado Springs Resort_

Credit Card Type: *American Express_____ Discover_____ MasterCard_____ Visa_____*

Credit Card Number: _____

Exp Date: _____ **Security Code** _____

Cardholder's Name: _____

(As it appears on credit card)

Cardholder Billing Address: _____ **Zip Code (*REQUIRED*):** _____

(Only numeric portion required)

Cardholder email address: _____

Customer Name: _____

(*Name as it should appear on the invoice)*

Invoice/Order Number(s): _____

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**_____

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