Official Computer and Audiovisual Supplier

ADVANCE PAYMENT IS REQUIRED. PELASE FAX COMPLETED REQUESTS WITHIN SEVEN (7) DAYS OF YOUR EVENT TO 312-917-3464. CONTRACTS MUST BE COMPLETE TO RESERVE EQUIPMENT.



Hilton Palmer House 17 East Monroe Chicago, IL 60603 P (312) 917-3462 / F (312) 917-3464

Video Sources	Adva	ance Daily Rate	Qty	Days	Т	Total	Packages	Advance Daily Rate	Qty	Days	Т	otal
Laptop computer (Windows 7, Office 10)	\$	315.00			\$	-	LCD Projector package (with stand & 6'Screen)	\$ 910.00			\$	=
iPads	\$	170. 00			\$	-	LCD Assurance Package (Projector package without projector)	\$ 325.00			\$	_
DVD Player	\$	120.00			\$	_	Endless Post It Flipchart	\$ 110.00			\$	-
Monitors							Misc					
19" LCD Monitor	\$	185. 00			\$	_	Tripod Screen	\$ 115.00				
32″ LCD Monitor	\$	340.00			\$	-	54" tall AV Cart	\$ 80.00			\$	-
*40" Plasma Monitor	\$	530.00			\$	-	26"-42" AV Cart	\$ 55.00			\$	-
*46-52' LCD Monitor	\$	685.00			\$	-	Wireless Mouse w/ Laser Pointer	\$ 75.00			\$	=
*Plasmas larger than 52"		Call					B+W Laser jet printer	\$ 250.00			\$	=
* Requires one hour of labor at \$90.00 for set/strike of plasma monitors * Other monitor sizes available upon	\$	90.00	0	0	\$	=	Paper Shredder - 16 Page Microcut Other office equipment available upon	\$ 185.00			\$	_
request							request					
							EQUIPMENT TOTALS			\$		_
1					22% Service Charge			\$		_		
manufed by the in house efectiverans.						9% Chicago Transaction Tax (applicable on ALL rentals and Service Charges in the City Of Chicago)			\$		-	
							GRAND TOTAL =		\$			_

Name of Event	Location of Even	t
Exhibitor	Booth/Room#	
Address	Contact Name	
Phone#	Fax#	
City	State	Zip
E-mail address required		
*Delivery Date	Approximate Arriv	al Time
*Exhibitor must be present to sign for order at time of delivery. Plea you are at your booth and have electrical power in place. Union Electr to ϵ		
*Pick-up Date		
*Exhibitor is responsible for equipment until a Presentation Services	representative picks it up. Pick up went will take place during show hours	
IF YOU CLAIM SALES TAX EXEMPTION IN THIS STATE,	PLEASE FURNISH A COPY OF ORDER.	YOUR TAX-EXEMPT CERTIFICATE WITH YOUR
Please indicate method of payment. This section must be completed befor additional services and/or labor. Payment of any balances may also be mauthorization must be on file. Any balances outstanding as of move-out copy of the front and back of the credit card.	nade by company check upon presentation	on of statement while at the show, but a credit card
Payment (please check one): Hotel Master Acct #	Guest room Hotel Master Account Suite/Sleeping Room #	
	Surte/Sieeping Room #	
Credit Card #	Exp. Date	
Cardholder Name (please print)		
Authorized Signature		
ALL ORDERS SUBJECT TO LIMITS OF LIABILITY AND RESPONSIBILITY AS SET FOR	RTH BELOW.	
By executing this order form, Lessee agrees as follows:		
1. Cancellation: In the event Lessee cancels this order, Lessee will be Cancellation made within $48\ \mathrm{hours}$ of the delivery date will be charged	= -	
$2.\ \mbox{Risk}$ of Loss: Equipment rental is the responsibility of Lessee. Any result in Lessee being charged for replacement cost, labor or parts for		stolen while in Lessee's care or possession will
3. Insurance for the subject equipment is Lessee's responsibility.		
4. On location set-up and take-down by required union labor is not incl	uded in the equipment rental price.	
5. Payment tendered for the specified equipment with this reservation faffect this estimate. Lessee is responsible for all charges.	orm is an estimate only and any chang	ges in equipment requirements and any labor charges will
6. It is the responsibility of the exhibitor to advise a Presentation S will be issued after show closing.	Services representative of any problem	ns with their order at show site. Absolutely no credits
Authorized Signature:		
Please Type or Print Name:		