



Exhibitor Order Form

Video Equipment			Daily Rate Advance On Site			Days Used	Total	Customer Information		
DVD Player		\$	95.00	\$	120.00			Show/Convention Name: LISA 28th Annual	Conference	
32" Video/Data Monitor		\$	260.00	\$	285.00					
32" Video Data Monitor w/ DVD Player on 54" cart		Ś	295.00	Ś	320.00			Company/Exhibitor Name:		
46" Plasma Monitor on Floor Stand **		\$	500.00	\$	550.00					
55" Plasma Monitor on Floor stand**		\$	620.00	\$	670.00			Address:		
** We do not supply labor for mounting monitors to	o your hard	d sets.					1			
LCD/DLP Projector Package w/ 5' Tripod Screen		\$ 520.00 \$ 570.00 City:								
54" Rolling Cart w/ Black Skirt		\$	50.00	\$	60.00			State: Zip:		
		+						Ordered by:		
	Qty		Daily	Rate	9	Days	Total	Telephone #:		
Computer Equipment			Advance		On Site	Used		Fax #:		
Laptop Computer, 2.2GHz, 2GB RAM, 50GB HD		Т.						email:		
DVD-RW, Windows XP Pro, Office 07		\$	245.00	\$	295.00					
B&W Laser Printer		\$	190.00	\$	240.00			If you don't see something you need, please	e call.	
20" Flatscreen Monitor		\$	175.00	\$	225.00					
Call with specific Hardware/Software needs.		Ť						Ordering Instruction	าร	
·		+								
Electrical Services	Qty	Qty Daily Rate Days Total Advance On Site Used					Total	Total charge is determined by multiplying the quantity by the daily rate by the number of days to be used.		
5 Amp Power Drop		\$	70.00	\$	85.00			1		
10 Amp Power Drop		\$	100.00	\$	115.00			Please include applicable sales tax on equipment and		
20 Amp Power Drop		\$	150.00	\$	165.00			services. Tax Exempt Status - If you are exe	npt Status - If you are exempt from	
								payment of sales tax, we require you to sup		
Call for additional power needs							•	exemption certificate for the state of Wash	ington	
Neither the Sheraton Seattle Hotel , PSAV, not their contract failure due to temporary conditions or loose connections. your computer(s) and/or other equipment as you deem new should make all installation connections to all electrical ser damage of loss of equipment, component, hardware or sof to or plugging into any electrical outlet by personnel other. High Speed Internet Access	For your professary. Electrices. Sheraftware and/o	tection ctrical o ton Sea or injury	i, install a si contractors attle Hotel I to any per tle, PSAV o	for the nor Page son ca	rotector/unce Sheraton SAV will be aused by the porized Age	ndervol Seattle respon e instal nts.	tage protector on Hotel /PSAV sible for any		elivery. revailing	
• .	~-1					Used		hours prior to delivery date to avoid a minir		
Wireless connection, Shared bandwidth (per user/device)						_	1			
		\$			30.00			charge.		
Wired connection	E	\$ \$			30.00 190.00			charge.		
	oricing.							charge.		
Wired connection		\$	T IS DUE V	VHEN	190.00	IS PLA	CED	charge. Delivery Informatio	mum one day	
Wired connection For specific amounts of bandwidth and other options please call for p		\$	T IS DUE V	VHEN	190.00	IS PLA	CED		mum one day	
Wired connection For specific amounts of bandwidth and other options please call for p Rental Totals	PAY	\$	T IS DUE V	VHEN	190.00	IS PLAC	CED	Delivery Informatio On-Site Contact:	mum one day	
Wired connection For specific amounts of bandwidth and other options please call for p Rental Totals Equipment/Services Total	PAY	\$	T IS DUE V	VHEN	190.00	IS PLA	CED	Delivery Informatio On-Site Contact:	mum one day	
Wired connection For specific amounts of bandwidth and other options please call for particles amounts. Rental Totals Equipment/Services Total Delivery/Setup/Pickup (23% of Equipment/Services	PAY	\$	T IS DUE V	WHEN	190.00	IS PLA	CED	Delivery Informatio On-Site Contact: Booth #: Room: N	mum one day n Met Ballroom	

Return For Processing



PSAV Presentation Services

at the Sheraton Seattle Hotel

1400 Sixth Avenue Seattle, WA 98101 P 206.464.1838 / Efax 224.366.1549





Credit Card Consent / Security Deposit Form

PSAV LOCATION NUMBER:	1356 Property Name: Seattle Sheraton Hotel
Credit Card Type: American Express	s Discover MasterCard Visa
Credit Card Number:	
Exp Date:	
Customer PO:	
Cardholder's Name:	
(As it appears on credit card)	
Cardholder Billing Address:	Zip Code (<i>REQUIRED</i>) :
City:	State:
Cardholder email address:	
Customer Name:	
(Name as it should appear on the invoice)	
Invoice/Order Number(s):	
	, certify the above information to be true and corre
al amounts incurred as a result of all show s	g the above credit card account to be charged for the attached of site changes ordered by my representatives and/or place my calcult, cancellation fees or damages/losses owed per PSAV Terms a
Signature	Date