



Exhibitor Form



EVENT NAME: _____

DATES: _____ Advanced Rates are available 10 days before show opening

COMPANY: _____ Once your order is submitted a PSAV Representative will contact you with confirmation

BOOTH #: _____

ROOM: _____

AUDIO VISUAL

| SERVICE - PER DAY | QTY | Days | Advanced Rate | Rate | TOTAL |
|---|-----|------|---------------|------------|----------|
| 17" - 20" LCD Monitor (Table stand only) | | | \$165.00 | \$255.00 | |
| 30" - 37" Monitor including Stand (Table stand only) | | | \$365.00 | \$465.00 | |
| 40" - 47" Monitor including Stand (Floor or Table) | | | \$565.00 | \$665.00 | |
| 55" Monitor including Stand (Floor stand only) | | | \$920.00 | \$1,010.00 | |
| Laptop or Desktop Computer (doesn't include monitor) | | | \$260.00 | \$350.00 | |
| Blu-ray or DVD Player - Please indicate | | | \$155.00 | \$245.00 | |
| Please indicate: Source - VGA, DVI, HDMI ** MONITORS DO NOT SUPPORT USB CONNECTION ** | | | | | |
| Exhibit Booth uplighting (includes 4 LED Lights) | | | \$440.00 | \$540.00 | |
| Write in: | | | | | |
| Set & Strike Fee* | 1 | | \$110.00 | \$110.00 | \$110.00 |
| SUBTOTAL | | | | | |

INTERNET AND TELEPHONE SERVICE

All IP Address information is assigned automatically via DHCP. Please ensure that the TCP/IP is ENABLED and configured to "OBTAIN AN IP ADDRESS AUTOMATICALLY". If your computer is normally networked in an office setting, please verify compatibility with your IT representative. Outside routers, hubs, or access points are NOT permitted and will NOT operate correctly with our system.

| SERVICE - SHOW RATE | QTY | Advanced Rate | Rate | TOTAL |
|--|-----|---------------|-------------|----------|
| Standard Internet connection - Wired | | \$665.00 | \$870.00 | |
| Additional connections - Wired | | \$225.00 | \$305.00 | |
| Wireless Internet Service - 1 Device Connection with SSID and Conference Code | | \$190.00 | \$300.00 | |
| Additional connections - Wireless | | \$60.00 | \$100.00 | |
| Dedicated Internet Service or Static IP Address | | Please Call | Please Call | |
| All services include local and toll free numbers. All long distance call are billed at the prevailing hotel rate and billed through the hotel via the credit card provided below. Calling cards can not be used. | | | | |
| Phone Line (DID or DOD) - Headset or Fax/Credit Card | | \$465.00 | \$600.00 | |
| Set & Strike Fee* | 1 | \$110.00 | \$110.00 | \$110.00 |
| SUBTOTAL | | | | |

EXHIBIT BOOTH POWER

| SERVICE - SHOW RATE | QTY | Advanced Rate | Rate | TOTAL |
|---|-----|---------------|----------|----------|
| 500 WATTS/ 5 AMP - 120 VOLTS | | \$135.00 | \$175.00 | |
| 1000 WATTS/ 10 AMP - 120 VOLTS | | \$210.00 | \$270.00 | |
| 2000 WATTS/ 20 AMP - 120 VOLTS | | \$270.00 | \$350.00 | |
| POWER STRIP | | \$30.00 | \$45.00 | |
| EXTENSION CORD | | \$30.00 | \$45.00 | |
| Additional Power Services available including 208 service | | | | |
| Set & Strike Fee* | 1 | \$110.00 | \$110.00 | \$110.00 |
| SUBTOTAL | | | | |

If you have checked the LDW box, I have been offered and refused to purchase Loss Damage Waiver (LDW). I understand that I will be held fully liable for any damage and/or loss to the above listed rented equipment.

PSAV is not responsible for voltage fluctuations or power failure due to temporary conditions. No verbal orders are accepted. No credits for unused services. Orders will not be processed without Booth number and form of payment noted. Advanced orders are guaranteed to be installed prior to show opening. There will be no refunds once services are rendered. If customer cancels the event or the provision of all or a portion of audiovisual equipment and services by PSAV, cancellation charges will apply. If cancellation is under 72 hours, 50% of the equipment proposal estimate and 100% of labor charges, plus actual expenses incurred by PSAV in preparing for the event will be charged.

*Additional Labor may be required for larger orders. **Large Speakers at additional cost
PRICES SUBJECT TO CHANGE WITHOUT NOTICE.

IF YOU EXPERIENCE AN ISSUE ON SITE PLEASE CONTACT PSAV AT 202.332.4178. NO REFUNDS WILL BE PROVIDED WITHOUT REPORTING THE ISSUE ONSITE TO A MANAGER.

| | |
|----------------------------------|---------------------------|
| AUDIO VISUAL TOTAL | |
| 4% LDW (check to decline) | |
| INTERNET AND PHONE TOTAL | |
| EXHIBIT POWER TOTAL | |
| 25% SERVICE CHARGE | |
| SUBTOTAL | |
| 6% Tax | |
| ESTIMATED TOTAL CHARGES | Place on next page |

Payment information and placement is on next page

Please return completed form to:
PSAV
2660 Woodley Road, NW
Washington, DC 20008
Phone: 202.332.4178
Fax: 866.312.5410

Wardmanpark@psav.com



flawless performance. dramatic results.



MARRIOTT
WASHINGTON
WARDMAN PARK

*Pricing valid through December 31, 2019



Exhibitor Form



EVENT NAME: _____ BOOTH #: _____
 DATES: _____ ROOM: _____
 COMPANY: _____

BOOTH LAYOUT

Please indicate placement of Booth Power, Internet/Phone and Audio Visual
 Adjacent Booth or Aisle # _____ BACK

Adjacent Booth or Aisle # _____ LEFT

Adjacent Booth or Aisle # _____ RIGHT

- T = Telephone
- A = Audio/Visual
- I = Internet
- P = Power

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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Adjacent Booth or Aisle # _____ FRONT

Power drops are placed at the back of the booth. Other power placement including under carpeting or other places in booth will require additional labor and equipment.

All orders placed will receive a confirmation email with exact pricing within a week of submitting form.

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Estimate Total from previous page

\$

BILLING CONTACT INFORMATION

CREDIT CARD INFORMATION

| | | |
|----------------------------|---|-----------------------------------|
| Name: | Credit Card <input type="radio"/> Wire Transfer <input type="radio"/> Check <input type="radio"/> | |
| Address: | If paying by Check or Wire Transfer please send the form back with no payment information and you will receive an email with the total due. Checks should be made out to PSAV. We will call to get Credit Card information. | |
| City: | State: | Zip: |
| Phone: | Fax: | |
| Onsite Contact and Number: | | |
| | Card Holders Name: | Phone Number to call for CC info: |
| | Credit Card Account Number: (Last 4 Digits Only) | CCV#: |
| | Expiration Date: | Billing Zip Code: |
| | Email Address: | |
| | X | |

CARDHOLDERS SIGNATURE _____ Signature confirms acceptance of terms and conditions

DATE _____



Please return completed form to:
 PSAV
 2660 Woodley Road, NW
 Washington, DC 20008
 Phone: 202.332.4178
 Fax: 866.312.5410
 Wardmanpark@psav.com

