



# Four Seasons Hotel Audio Visual Exhibitor Order Form

**p702.632.5242    f 702.632.5069**



EQUIPMENT & POWER	QTY	DAILY COST	# OF DAYS =	TOTAL
Easel		\$ 20.00		\$ -
AV Cart (36",42" or 54" w/skirt)		\$ 40.00		\$ -
Flipchart Kit		\$ 80.00		\$ -
Laptop Audio		\$ 125.00		\$ -
20 Amp Power Drop w/ Power Strip		\$ 140.00		\$ -
COMPUTER EQUIPMENT	QTY	DAILY COST	# OF DAYS =	TOTAL
Laptop Computer		\$ 260.00		\$ -
Wireless Slide Advancer		\$ 65.00		\$ -
B/W Laserjet Printer		\$ 245.00		\$ -
Fax Machine		\$ 150.00		\$ -
DATA MONITORS / PROJECTORS	QTY	DAILY COST	# OF DAYS =	TOTAL
20" Flat Panel Data Monitor		\$ 165.00		\$ -
Meeting Room Projector Package		\$ 760.00		\$ -
32" Monitor & Stand Package		\$ 390.00		\$ -
50" Monitor & Stand Package		\$ 730.00		\$ -
CONNECTION SERVICES	QTY	DAILY COST	# OF DAYS =	TOTAL
Wireless Internet Connection (5 Mbps)		\$ 45.00		\$ -
Wired Internet Connection		\$ 225.00		\$ -

	<b>SUBTOTAL</b>
	Tax 8.1% of Subtotal.
	Delivery, Installation, Removal & Pick-up 23% of Subtotal.
Loss/Damage Waiver - Insurance policy covering accidental damage to equipment 7% of Subtotal.	
<b>*** Electrical power arrangements are the responsibility of the exhibitor</b>	<b>TOTAL</b>

exhibitor information	PAYMENT INFORMATION																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">SHOW NAME:</td> <td>Room</td> </tr> <tr> <td>Optum 10th Annual Medical Director Forum</td> <td>FSBR 4</td> </tr> <tr> <td>FIRM NAME:</td> <td></td> </tr> <tr> <td>ORDER BY &amp; EMAIL:</td> <td>CARD TYPE (Visa, Mastercard, AMEX, Diners Club)</td> </tr> <tr> <td>ONSITE CONTACT:</td> <td>CARDHOLDERS NAME:</td> </tr> <tr> <td>ADDRESS                      CITY, STATE, ZIP</td> <td>CREDIT CARD NUMBER:</td> </tr> <tr> <td>PHONE:                      FAX:</td> <td><b>PLEASE CALL NUMBER BELOW WITH CREDIT CARD NUMBER</b></td> </tr> <tr> <td>EMAIL ADDRESS</td> <td>SIGNATURE:</td> </tr> <tr> <td>OPENING DATE:</td> <td>DATE:</td> </tr> <tr> <td>Thursday, Nov. 3, 2016</td> <td></td> </tr> <tr> <td>TIME:</td> <td></td> </tr> <tr> <td>11:45 a.m.</td> <td></td> </tr> <tr> <td>REMOVAL DATE:</td> <td></td> </tr> <tr> <td>Thursday, Nov. 3, 2016</td> <td></td> </tr> <tr> <td>TIME:</td> <td></td> </tr> <tr> <td>7:00 p.m.</td> <td></td> </tr> </table>	SHOW NAME:	Room	Optum 10th Annual Medical Director Forum	FSBR 4	FIRM NAME:		ORDER BY & EMAIL:	CARD TYPE (Visa, Mastercard, AMEX, Diners Club)	ONSITE CONTACT:	CARDHOLDERS NAME:	ADDRESS                      CITY, STATE, ZIP	CREDIT CARD NUMBER:	PHONE:                      FAX:	<b>PLEASE CALL NUMBER BELOW WITH CREDIT CARD NUMBER</b>	EMAIL ADDRESS	SIGNATURE:	OPENING DATE:	DATE:	Thursday, Nov. 3, 2016		TIME:		11:45 a.m.		REMOVAL DATE:		Thursday, Nov. 3, 2016		TIME:		7:00 p.m.		<p>The customer agrees to pay in full for loss or theft of any equipment provided by Presentation Services PSAV. Pre-payment must accompany ALL orders unless prior.</p> <p>FOR MORE INFORMATION:  Phone: 702.632.5242 Fax: 702.632.5069  e-mail: <a href="mailto:rwolf@psav.com">rwolf@psav.com</a></p>
SHOW NAME:	Room																																
Optum 10th Annual Medical Director Forum	FSBR 4																																
FIRM NAME:																																	
ORDER BY & EMAIL:	CARD TYPE (Visa, Mastercard, AMEX, Diners Club)																																
ONSITE CONTACT:	CARDHOLDERS NAME:																																
ADDRESS                      CITY, STATE, ZIP	CREDIT CARD NUMBER:																																
PHONE:                      FAX:	<b>PLEASE CALL NUMBER BELOW WITH CREDIT CARD NUMBER</b>																																
EMAIL ADDRESS	SIGNATURE:																																
OPENING DATE:	DATE:																																
Thursday, Nov. 3, 2016																																	
TIME:																																	
11:45 a.m.																																	
REMOVAL DATE:																																	
Thursday, Nov. 3, 2016																																	
TIME:																																	
7:00 p.m.																																	

**Presentation Services PSAV, c/o Four Seasons Hotel, 3960 Las Vegas Blvd South, Las Vegas, NV 89119**