



InterContinental Buckhead Atlanta

Exhibit Order Form



3315 Peachtree Road, NE
Phone: 404-546.9159 Fax: 404-946.2825

CUSTOMER INFORMATION	
Company Name:	Booth #
Billing Name:	Show Dates:
Billing Street Address:	Set by time: Strike time:
City, State & Zip	Telephone:
Contact Name	On-site (or cell) Telephone:
E-Mail Address:	Fax Number:

SERVICE DESCRIPTION	QTY	X	RATE	X	# OF DAYS	=	TOTAL
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Miscellaneous Power (Show Rate/One Time Charge)							
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5 Amp/110v power drop		x	\$75.00	x		=	
10 Amp/110v power drop		x	\$125.00	x		=	
20 Amp/110v power drop		x	\$175.00	x		=	
Each Additional 20 Amp/110v power drop		x	\$75.00	x		=	
Extension Cord & Power Strip (Power drop required)		x	\$35.00	x		=	

208 Volt Three Phase Power							
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Call for Details and Pricing		x		x		=	
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Hotel Services							
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Wired Internet Connection		x	\$375.00	x		=	
Each Additional Wired Internet Connection		x	\$95.00	x		=	
First Wireless Internet Connection		x	\$195.00	x		=	
Each Additional Wireless Internet Connection		x	\$50.00	x		=	
Outside Phone Line		x	\$150.00	x		=	
Banner Hanging (Per Banner)		x	\$75.00	x		=	

Equipment Rental							
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Laptop Computer (Windows XP/Office XP)		x	\$200.00	x		=	
High Speed B/W Laser Printer (30ppm or faster)		x	\$375.00	x		=	
Color Laser Printer (22ppm)		x	\$675.00	x		=	
17" LCD Computer Monitor		x	\$100.00	x		=	
20" LCD Computer Monitor		x	\$200.00	x		=	
32" LCD Video Monitor (with DVD Player)		x	\$375.00	x		=	
42" Plasma Monitor (with Stand)		x	\$450.00	x		=	
50" Plasma Monitor (with Stand)		x	\$600.00	x		=	
LCD Projector Package (1500 Lumens, Tripod Screen, Cart & Cables)		x	\$475.00	x		=	
Tripod Screen		x	\$65.00	x		=	
Roll Cart w/ Black Skirting		x	\$35.00	x		=	
25' VGA Cable		x	\$25.00	x		=	
2 Speaker Sound System (with Wired Microphone)		x	\$255.00	x		=	
Wired Microphone		x	\$65.00	x		=	
Wireless Microphone Please Circle: LAVALIERE (CLIP-ON) or HANDHELD		x	\$165.00	x		=	
4 Channel Audio Mixer (Required for all audio requests)		x	\$65.00	x		=	
Laptop/iPod Audio Connection		x	\$80.00	x		=	
Small Stereo Speakers (for Laptop or iPod)		x	\$80.00	x		=	
CD Player (Speakers <u>not</u> included)		x	\$80.00	x		=	
Flipchart Package (Stand, Pad, 4 Markers)		x	\$55.00	x		=	

Additional Fees							
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LATE ORDER FEE, per order (Order received less than 7 days prior to move-in)		x	\$25.00			=	
ON-SITE ORDER FEE, per order (Order received after move-in)		x	\$50.00			=	

Power & Equipment Subtotal =		
SERVICE CHARGE =	22%	
SUBTOTAL =		
GEORGIA SALES TAX =	8%	
ESTIMATED GRAND TOTAL =		

Exhibitors Agreement- Please Read

Repeat delivery and or pick up will result in additional labor costs. Please be present at booth During Specified Delivery Times.

CANCELLATIONS: Any order cancelled with less than 24 hrs. notice is subject to labor and 1 day rental charge.

Additional equipment is available. Please call to speak with one of our representatives.

Prices quoted are DAILY RATES. Prices and Availability subject to change without notice.

Any lost, stolen or damaged equipment is the sole responsibility of the renter and renter agrees to pay the full cost to replace equipment.

Attached Credit Card Consent Form must be filled out for all orders.



Credit Card Consent / Security Deposit Form

InterContinental Buckhead Hotel

PSAV Loc #: 1568

Credit Card Type: *American Express* _____ *Discover* _____ *MasterCard* _____ *Visa* _____

Credit Card Number: _____

Exp Date: _____ **Security Code** _____

Customer PO: _____

(If no Purchase Order # provided use location # and Order ID XXXX XXXX)

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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