

OAVS OAKLAND AUDIO-VISUAL SERVICE, INC

2453 Verna Court San Leandro CA 94577 Voice (510) 347-4545 Fax (510) 895-1658

EXHIBITOR AUDIO-VISUAL ORDER FORM

SHOW NAME:

OPENING/CLOSING DATES & TIMES:

LOCATION ADDRESS:

ORDER DEADLINE DATE: 3 DAYS BEFORE SHOW

ITEM QTY x DAILY RATE x DAYS = TOTAL

15"FLAT PANEL computer display w/desk stand	175.00
18"FLAT PANEL computer display w/desk stand	225.00
20"FLAT PANEL computer display w/desk stand	325.00
42"PLASMA computer display w/desk stand	650.00
wall bracket or floorstand for flatpanel/plasma	50.00
15"COMPUTER MONITOR with cable	50.00
17"COMPUTER MONITOR with cable	75.00
20"COMPUTER MONITOR with cable	150.00
29"COMPUTER MONITOR with interface	275.00
37"COMPUTER MONITOR with interface	475.00
40" RP COMPUTER MONITOR w/interface	700.00
60" RP COMPUTER MONITOR w/interface	1050.00
13"MONITOR with built in VHS player	50.00
20"MONITOR with built in VHS player	75.00
20"VIDEO MONITOR	50.00
27"VIDEO MONITOR	90.00
32"VIDEO MONITOR	150.00
35"VIDEO MONITOR	175.00
46"PROJECTION VIDEO MONITOR	295.00
60"PROJECTION VIDEO MONITOR	450.00
CART W/SKIRT (up to 29"monitors)	10.00
CART W/SKIRT (for 37-40"monitors)	30.00
CIRCLE CART SIZE 34" 42" 48" 54"	
VHS VCR with auto repeat	40.00
35MM AUDIOVIEWER with 9"screen	50.00
POWERED SPEAKER with 1 wired microphone	95.00
POWERED SPEAKER with 2 wireless microphones	150.00
OTHER: (PLEASE LIST)	

To order equipment, fill out this form and return to above address, via fax or mail, by the order deadline date. Please calculate daily rate times the number of showdays. Cancellations are subject to a one day fee unless made 24 hrs before installation. Late orders may be subject to a labor fee. Some venues may require use of a marshalling yard and charges may apply. Please call for special labor rates for early/late setups/take-downs. Please include payment with this form.

ABBREVIATED LIST ONLY-

COMPLETE LIST AVAILABLE ON REQUEST

CONTACT OAKLAND AUDIO-VISUAL SERVICE:

CALL 510-347-4545 OR CHECK www.oavs.com

TOTAL RENTAL FEE: _____

MINIMUM LABOR CHARGE: 60.00

AMOUNT DUE: _____

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

ON SITE CONTACT: _____ CELL/PGR #: _____ BOOTH #: _____

DELIVERY DATE, TIME: _____ REMOVAL DATE, TIME: _____

LIST MEDIA YOU WILL BE BRINGING (VIDEOTAPE, CD, DVD, CD ROM, ETC.): _____

LIST EQUIPMENT YOU WILL BE BRINGING (VCR, COMPUTER, ETC.): _____

CHECK OR VISA/MC/AMEX CARD: _____ EXP: _____

NAME (AS IT APPEARS ON CARD): _____ Corporate Personal

CC BILLING ADDRESS (IF DIFFERENT THAN ABOVE ADDRESS):

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AUTHORIZED SIGNATURE: _____ DATE: _____