

Intercontinental Mark Hopkins Hotel **Exhibitor Technology Order Form**Office: 415.653.1706 Email: bblankinship@psav.com

Equipment	Price	Qty.	Total	Equip	oment	Price	Qty.	Total
DATA / VIDEO Projection				AUDIO				
LCD Projector 2000 -3700 Lumens	\$700.00			Wired Hand	Held Microphone	\$70.00		
					ohone Stand	\$15.00		
PROJECTION SO		t-ups			valiere Microphone	\$210.00		
6' Tripod Screen, cart and misc. cables	\$195.00			_	and Held Mic.	\$210.00		
7' Tripod Screen, cart and misc. cables	\$195.00			Powered Sp		\$120.00		
6 x 10 Fast Fold Screen, cart and misc. cables	\$365.00			4 Channel N	Mixer	\$75.00		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				CD Player		\$85.00		
VIDEO/ DATA		<u>S</u>		Desktop Co	mputer Speakers	\$25.00	+ +	
17" LCD Data Monitor on desk stand	\$80.00							
32" LCD Data/Video Monitor	\$225.00				MIS			
46" LCD Data/Video Monitor	\$565.00				de Advancer	\$65.00		
*Circle one: On Chrome	Stand O	n Desk Sta	and	Power Supp		\$40.00	+ +	
\/D50.01	1)/550			Flip Chart w		\$95.00		
VIDEO PI		1		Laser Point	er	\$50.00	+	
DVD/VHS Player	\$100.00	+ +		25' HDMI	, , , , , , , , ,	\$25.00	+ +	
0.0150		\bot		Black Drape	e (per 10' panel)	\$220.00		
COMPL		1 1			1.4.			
Laptop Computer	\$250.00			W. 10	Inter		1 1	
				Wired Conn		\$200.00	-	
LIGH				Wireless Co	onnection	\$30.00		
LED Uplights	\$95.00			4				
	TOTA	1.		1		TOTA		
TOTAL:				TOTAL:				
METHOD OF PAYME	:N I				EQUIPMENT S	UBTOTAL	:	
VISA Master Card American Express Guest Room				# OF SHOW DAYS: EQUIPMENT TOTAL: (SUBTOTAL X # OF SHOW DAYS)				
(Circle one) PROVIDE CREDIT CARD NUMBER BY TELEPHONE OR IN PERSON ONLY.								
PLEASE PROVIDE ALL OTHER CREDIT CA	ARD INFOR	WATION	EXPIRATION	4	22% SERVIC	E CHARGE	·	
DO NOT INI LIDE CREDIT CARD NUMBER	ON THIS E	DM.	LAFINATION			CURTOTAL		
DO NOT INLUDE CREDIT CARD NUMBER ON THIS FORM. NAME AS IT APPEARS ON CARD ZIP CODE ASSOCIATED WITH CARD				SUBTOTAL: S.F. SALES TAX 8.50%:				
NAME AS IT ALL EARS ON SARD		ZIP CODE	ASSOCIATED WITH CARD		J.F. JALES	IAA 6.50%	•	
AUTUODITED GIONATUDE				4				
AUTHORIZED SIGNATURE					**GPA	ND TOTAL		
ORGANIZATION				CONTACT PERSON BOOTH #				
					CONTROLLEROO			500111#
						1		
ADDRESS				CITY	STATE	ZIP CO	DE	COUNTRY
TELEPHONE				EMAIL ADDRESS				
TEEL HORE					LIVIAIL AL	DINLOG		
START DATE END DATE		SET TIME	STRIKE TIME					
STAIN DATE END DATE		OET TIME	STRIKE HIVE					
NAME OF CONFERENCE					Confirmed by:			

^{**}All requests must be received at least 2 weeks prior to event date. We cannot guaruntee service or price on late requests.