



EXHIBITOR AV AND ELECTRICAL ORDER FORM

PLEASE SEND THIS FORM 2 WEEKS PRIOR TO THE SHOW DATE TO:

vailexhibitor@marriott.com

COMPANY NAME _____ **Booth #** _____

GUEST NAME _____ **Confirmation #** _____

Will you require an electrical circuit or AudioVisual equipment at your booth? Please circle your response:

Yes No

If yes, please fill out the grid below:

<i>Qty</i>	<i>ITEM DESCRIPTION</i>	<i>DAILY COST</i>	<i># OF DAYS</i>	<i>TOTAL COST</i>
	55" LCD TV Monitor	\$250.00		
	70" LED TV	\$450.00		
	High Speed Wireless Internet (10 MBPS) **available for purchase at the front desk**	(1) User \$15.00	N/A	N/A
	20 amp Circuit	\$30.00		
	Power Strip and extension package	\$21.00		
	Other: please describe			
	**SUB-TOTAL			

* Custom internet configurations can be purchased for an additional charge. Please email Barry Johnson at byjohnson@PSAV.COM

**If your power needs are greater than a standard outlet please describe what you are powering and if you will be providing cables etc.

*** This is the cost prior to the 24% taxable service charge and sales tax of 8.4%

BOX HANDLING

Please circle the appropriate responses so that we can be prepared to manage your materials

Will you be shipping packages to the Resort? Yes No

Will you be shipping packages out at the end of the show? Yes No

What are you planning to ship to the Resort? **Circle all that apply:**

Small Boxes – 10lbs. or less Small Cases – 10-25lbs Large Cases – 25 to 150lbs

Palettes/Freight under 100lbs Crates/Palettes over 500lbs

Do you have any special needs or arrangement we should we be aware of regarding your shipment(s)? Please list information below:

Group Name: Ultimate CO 2020
Group Dates: 1/29/2020 – 2/9/2020

PAYMENT INFORMATION ONLY NEEDS TO BE COMPLETED AND RETURNED IF YOU ARE NOT A GUEST OF THE HOTEL OR IF YOU WISH TO PAY WITH AN ALTERNATE METHOD OF PAYMENT THAN WHAT IS BEING USED TO COVER GUEST ROOM CHARGES

PAYMENT INFORMATION MUST BE PROVIDED FOR AUDIOVISUAL EQUIPMENT RENTED, ELECTRICITY UTILIZED AND PACKAGES SHIPPED IN AND OUT PRIOR TO YOUR ARRIVAL

PLEASE SUBMIT 2 WEEKS PRIOR TO ARRIVAL OF THE SHOW – BOXES CANNOT BE DELIVERED TO YOUR TABLE OR SHIPPED OUT UNTIL A PAYMENT METHOD HAS BEEN RECEIVED

Company Name _____	Phone* _____
Billing Address _____	
City, State, Zip _____, _____, _____	
Ordered by _____	
Payment method: _____ VISA _____ MC _____ AMEX _____ DISCOVER _____ GUEST ROOM	
Last 4 digits of credit card* _____	
Expiration Date _____	
Name on Card _____	
Cardholder Signature _____	

*Please provide a phone number where the card holder can be reached to receive the entire credit card number as we are unable to receive the full number on this form due to PCI Compliance.

*Accounting Office Use Only: _____
