



Exhibitor Form



EVENT NAME:

DATES:

COMPANY:

Advanced Rates are available 10 days before show opening
Once your order is submitted a PSAV Representative will contact you with confirmation

BOOTH #:

ROOM:

AUDIO VISUAL

SERVICE - PER DAY	QTY	Days	Advanced Rate	Rate	TOTAL
19" LCD Monitor (Table stand only)			\$210.00	\$265.00	
24" LED Monitor (Table stand only)			\$315.00	\$395.00	
32" Monitor (Floor or Table Stand)			\$415.00	\$520.00	
55" Monitor (Floor or Table Stand)			\$910.00	\$1,140.00	
Larger sizes available upon request			Contact for pricing		
Laptop			\$250.00	\$315.00	
Exhibit Booth uplighting (includes 4 LED Lights)			\$380.00	\$475.00	
Set & Strike Fee*	1		\$95.00	\$95.00	\$95
SUBTOTAL					

INTERNET AND TELEPHONE SERVICE

All IP Address information is assigned automatically via DHCP. Please ensure that the TCP/IP is ENABLED and configured to "OBTAIN AN IP ADDRESS AUTOMATICALLY". If your computer is normally networked in an office setting, please verify compatibility with your IT representative. Outside routers, hubs, or access points are NOT permitted and will NOT operate correctly with our system.

SERVICE - SHOW RATE	QTY	Advanced Rate	Rate	TOTAL
Standard Internet connection - Wired		\$610.00	\$815.00	
Additional connections - Wired		\$205.00	\$280.00	
Wireless Internet Service - 1 Device Connection with SSID and Conference Code		\$170.00	\$270.00	
Additional connections - Wireless		\$52.00	\$88.00	
Dedicated Internet Service or Static IP Address		Please Call	Please Call	
Set & Strike Fee*	1	\$95.00	\$95.00	\$95
SUBTOTAL				

EXHIBIT BOOTH POWER

SERVICE - SHOW RATE	QTY	Advanced Rate	Rate	TOTAL
20 AMP (Single Phase) - 120 VOLTS w/ Power Strip		\$304.00	\$409.00	
60 AMP (3 Phase) - 208 VOLTS		\$985.00	\$1,400.00	
Additional Power Strip & Extension Cable		\$64.00	\$64.00	
Additional Power Services available		Contact for pricing		
Set & Strike Fee*	1	\$110.00	\$110.00	\$110
SUBTOTAL				

PSAV is not responsible for voltage fluctuations or power failure due to temporary conditions. No verbal orders are accepted. No credits for unused services. Orders will not be processed without Booth number. All PSAV services are subject to a taxable 24% service charge. Advanced orders are guaranteed to be installed prior to show opening. There will be no refunds once services are rendered. If customer cancels the event or the provision of all or a portion of audiovisual equipment and services by PSAV, cancellation charges will apply. If cancellation is under 72 hours, 50% of the equipment proposal estimate and 100% of labor charges, plus actual expenses incurred by PSAV in preparing for the event will be charged.

*Additional Labor may be required for larger orders. **Large Speakers at additional cost

PRICES SUBJECT TO CHANGE WITHOUT NOTICE.

Payment

information and placement is on next page

IF YOU EXPERIENCE AN ISSUE ON SITE PLEASE CONTACT PSAV AT 617.297.8102. NO REFUNDS WILL BE PROVIDED WITHOUT REPORTING THE ISSUE ONSITE TO A MANAGER.

AUDIO VISUAL TOTAL

24% Service Charge

INTERNET TOTAL

POWER TOTAL

ESTIMATED TOTAL CHARGES



flawless performance. dramatic results.

Please return completed form to:
PSAV

39 Dalton Street
Boston, MA 02199
PH: 617.236.6157

Email Form To: 1336sales@psav.com



Sheraton

BOSTON HOTEL

*Pricing valid through December 31, 2018



Exhibitor Form



EVENT NAME:

BOOTH #:

DATES:

COMPANY:

ROOM:

BOOTH LAYOUT

Please indicate placement of Booth Power, Internet/Phone and Audio Visual

Adjacent Booth or Aisle # _____ BACK

Adjacent Booth or Aisle # _____ LEFT

Adjacent Booth or Aisle # _____ RIGHT

A = Audio/Visual

I = Internet

P = Power

Adjacent Booth or Aisle # _____ FRONT

Power drops are placed at the back of the booth. Other power placement including under carpeting or other places in booth will require additional labor and equipment.

All orders placed will receive a confirmation email with exact pricing within a week of submitting form.

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Estimate Total from previous page

\$

BILLING CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Onsite Contact and Number: _____

ALL PSAV CHARGES WILL BE BILLED THROUGH YOUR SHERATON MASTER ACCOUNT

Approver Signature _____ Signature confirms acceptance of terms and conditions

DATE _____



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