



TRADE SHOW SERVICES FORM

AAV offers a full range of cutting edge AV and related equipment in various sizes. IF YOU REQUIRE EQUIPMENT OR OUR CREATIVE SERVICES NOT LISTED HERE, WE WOULD BE HAPPY TO PROVIDE A CUSTOMIZED QUOTE!



Discount given on all orders received two weeks prior to the show date!

Your friend in the AV business!

TRADE SHOW SERVICES

Video Equipment

- 40" LED TV.....\$175
- ~~42" Plasma TV.....\$200~~
- 50" Plasma TV.....\$300
- 55" HD LED/LCD Smart TV.....\$325
- 65" HD TV.....\$350
- 70" HD TV.....\$400
- 6 X 6 Tripod Screen.....\$20
- 8 X 8 Tripod Screen.....\$25
- 3000 Lum LCD Projector.....\$195
- 4700 Lum HD DLP Projector.....\$295
- Floor Stand (40" - 55").....\$75

Computer Equipment

- Laptop.....\$150
- 50' VGA Cable.....\$25
- 25' HDMI Cable.....\$25
- Mac Adapter (please list the specific connector type on your order form).....\$25

Audio Equipment

- Audio Interface\$25
- 6 Channel Mixer w/EQ\$45
- Wireless Microphone (handheld or lavalier).....\$90
- Wired Microphone.....\$25
- 10" Powered Speaker w/Stand.....\$50
- 15" Powered Speaker w/Stand.....\$75

Miscellaneous

- Flipchart, Pad, and Markers.....\$25
- A-frame Easel.....\$8
- Whiteboard, Eraser, and Markers\$35
- AV Cart w/Black Skirt.....\$20
- A/C Power Setup.....\$25

Qty.	Description of Equipment	Price/Day	# Days	Total
Subtotal				
Applicable Florida County Sales Tax				
Delivery & Pickup (10% of Subtotal with a \$25.00 Minimum)				
Total				

TERMS & CONDITIONS: All prices are per day charges. When contracting AV equipment, renter agrees to return all equipment in good condition. Any loss or damage will be paid by the renter. Equipment and technical assistance will be on site a minimum of two hours prior to the show.

Equipment Ordered by _____

E-mail Address _____

Name of Show _____

Location/Hotel _____

Booth# _____

Show Dates _____

Delivery Date _____ Time _____

Pickup Date _____ Time _____

On-Site Contact _____

On-Site Contact Phone _____

Do you require specific setup assistance? _____

Company Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone Number _____

Fax _____

Payment by Check Visa MasterCard AMEX Discover

Card # _____

Expiration Date _____ V-Code _____

Signature _____

On-Site Contact Phone _____

Please Fax or E-mail Completed Form