



33rd Atlantic City Boat Show
February 1st-5th 2012
 Atlantic City Convention Center
 Atlantic City, NJ 08401



LCD Flat Panels		Qty	2-5 DAY RATE		Total	Additional Audio Visual Equipment	
			Advanced	On Site			
17" LCD Flat Panel Display			\$80.00	\$130.00		*Please contact PSAV for any additional A/V equipment that may not appear on this form*	
20" LCD Flat Panel Display			\$150.00	\$200.00			
32" LCD Flat Panel Display(1080p)			\$500.00	\$550.00			
40" LCD Flat Panel Display(1080p)			\$800.00	\$850.00			
65" LCD Flat Panel Display(1080p)			\$1,800.00	\$1,850.00			
Plasma Display Monitors		Qty	2-5 DAY RATE		Total	Company Information	
			Advanced	On Site			
27" Monitor/DVD/VCR Combo			\$210.00	\$260.00		Company Name:	
42" Flat Plasma Display w/ Floor Stand			\$600.00	\$650.00		Address:	
50" Flat Plasma Display w/ Floor Stand			\$800.00	\$850.00		City/State/Zip:	
61" Flat Plasma Display w/ Floor Stand			\$1,400.00	\$1,450.00		Phone:	
65" Flat Plasma Display w/ Floor Stand			\$1,800.00	\$1,850.00		Email:	
Computer Equipment		Qty	2-5 DAY RATE		Total	Contact Name:	
			Advanced	On Site		On-site Show Information	
Laptop Computer(PC)			\$150.00	\$200.00		Contact Name:	
Laptop Computer(MAC)			\$300.00	\$350.00		Phone number:	
Desktop with Monitor(PC)			\$250.00	\$300.00		Email:	
Desktop with Monitor(MAC)			\$350.00	\$400.00		Booth #	
HP Color LaserJet Printer			\$600.00	\$650.00			
Audio Equipment		Qty	Daily Rates Apply		Total	To receive advanced pricing PSAV must receive this order on or before 1/20/2012 Please return completed form to:	
			Advanced	On Site			
Powered Speaker			\$95.00	\$110.00			
Wireless Microphone			\$140.00	\$150.00			
Wired Head Set Mic			\$60.00	\$70.00			
Wired Microphone			\$30.00	\$40.00			
CD Player			\$50.00	\$60.00			
Rental Totals						Presentation Services 1 Convention Center Blvd. Atlantic City, NJ 08401 Phone: 609-449-2474 Fax: 609-449-2475 Email:sjost@psav.com	
EQUIPMENT TOTAL					1		
SERVICE CHARGE (18% of line 1 or \$120.00 Minimum)					2		
SALES TAX (7% of Equipment & Service Charge)					3		
TOTAL DUE					4		
Method of Payment (Please check one)						CANCELLATION POLICY Cancellations must be received 24 hours prior to delivery date to avoid a charge! Signature: _____	
Visa <input type="checkbox"/>	Visa <input type="checkbox"/>						
American Express <input type="checkbox"/>	Check <input type="checkbox"/>						
Name on Card: _____							
Card Number: _____							
Expiration Date: _____							