

*** CREDIT CARD MUST ACCOMPANY ORDER ***

MAIL or FAX to:

"Convention Photo by Joe Orlando, Inc."

2222 Foothill Blvd, Suite E-340, La Cañada CA 91011 • Phone: 1.626.639.3015 • Fax: 1.626.794.0525
1.626.639.3772
Servicing Trade Shows Nationally for over 25 years (CPJO)

www.joeorlandophoto.com
email: mail@joeorlandophoto.com

YOUR P.O. NUMBER

QUANTITY	SERVICES	EACH	TOTAL
_____	ORIGINAL VIEWS <input type="checkbox"/> Includes Photography, Time, Equipment	@ \$95.00 \$ per view	_____
	No People <input type="checkbox"/> Posed Staff <input type="checkbox"/> Crowd During Show <input type="checkbox"/>		
Additional Photo Services AFTER Original Ordered			
_____	HI RES DIGITAL IMAGE FROM ORIGINAL VIEW <input type="checkbox"/> Includes large file JPEG rights & ownership	Per view @ \$50.00 \$	_____
_____	LOW RES DIGITAL IMAGE ORIGINAL VIEW <input type="checkbox"/> Includes resized JPEG, perfect for powerpoint, emails, website	Per view @ \$35.00 \$	_____
		Per Print @ \$25.00 \$	_____
		Per Hour @ \$160.00 \$	_____
		SUB TOTAL: \$	_____
		TAX: \$	_____
		All Orders add \$15.00 Handling \$ (Dropbox, WeTransfer, USB drive)	15.00
		TOTAL: \$	_____

Digital Photography Hourly Quotes

- Publicity, Banquets, Awards,
- On Site Image Delivery
- Video Production (upon availability, call for quotes)

Client based in California add CA tax
Client in other states no tax

Your Fed-Ex #: _____

*After placing your order, no refunds within 35 days of the show

PLEASE PRINT:

Name of Convention: **Natural Products Expo West 2023** Dates: **March 7-11, 2023**

Convention Hotel / Location: **Anaheim C.C.**

Daily Exhibit Hours: _____

Onsite Contact & Cell Phone Number: _____

Exhibitor: _____ Booth # & Size: _____

Display House: _____

Ship to Address: _____
with Contact Name

Billing Address (C.C.) _____

City, State and Zip Code: _____

Telephone Number: (800) () _____ E-mail: _____

Authorized Signature: _____

Credit Card Info: Please Circle One:    Credit Card-V code or Security Code: _____

Credit Card Number: _____ Expiration Date: _____

Card Holder Name: _____ Authorized Signature: _____