



AES 2024 ANNUAL MEETING

December 6-10 | Los Angeles, CA

PHOTOGRAPHY ORDER FORM

[Click here to use our on-line order form](#)



914 Solomon Place
New Orleans, Louisiana 70119
kathy@kathyandersonphotography.com
kathyandersonphotography.com
Cell 504-232-3038 Fax 866-888-4859

Exhibitor name: _____

Booth number: _____

Your name: _____

Email: _____

Phone: _____ Fax: _____

Mailing address: _____

On site contact: _____

On-site cell: _____

EXHIBIT BOOTH PHOTOS

One photo of booth without visitors

- digital file
- unlimited usage rights

One photo of booth with staff

- digital file
- unlimited usage rights

One photo of booth with visitors

- digital file
- unlimited usage rights

One photo of booth in convention setting atmosphere

- digital file
- unlimited usage rights

photos @ \$275 each + # photos @ \$275 + # photos @ \$275 + # photos @ \$275

TOTAL

=

Discount packages of exhibit photos, including prints

Can include any
combination of
above booth setups

☐

EIGHT 8" x 10" prints

- digital files (8)
- unlimited usage rights

\$1,600 Shipping included

☐

SIX 8" x 10" prints

- digital files (6)
- unlimited usage rights

\$1,350 Shipping included

☐

FOUR 8" x 10" prints

- digital files (4)
- unlimited usage rights

\$850 Shipping included

TOTAL

=

EXTRAS

Photography of in-booth presentations, special events, award ceremonies, receptions and seminars.

Does not include photos of whole
booth or exhibit with or without people.

\$350/ hour

at convention site
(Off-site locations require a
two hour minimum)

- flash drive or digital file
- unlimited usage rights

Date: _____

Time: _____

Location: _____

total hours

×
\$350

TOTAL

=

Additional prints

Shipping
included

8" x 10"
\$40
each

5" x 7"
\$25
each

4" x 6"
\$15

8 X 10

× \$40

=

5 X 7

× \$25

=

4 X 6

× \$15

=

TOTAL

=

PAYMENT

**Payment
must be
made in ad-
vance within
3 weeks of
event. Please
indicate form
of payment.**

☐ Amex ☐ Visa ☐ MC Exp. date: _____

Card number: _____

Name on card: _____

Security code: _____ Zip: _____

Signature: _____

☐ Check. Please make check payable
in U.S. dollars to **Kathy Anderson**

Email this form to: kathy@
kathyandersonphotography.com

Fax to: 866-888-4859

Mail to: 914 Solomon Place
N.O., La. 70119

TOTAL
DUE

=

CLEAR ALL FIELDS

Cancellation fees Two weeks prior: 25% fee • Within one week: 50% fee • Event day: 100% fee