



AV Exhibitor & Pop-Up Form

1535 Broadway
New York, NY 10036
Phone: 212.704.8879
Fax: 212.704.8949



Meeting Aids					CUSTOMER INFORMATION					
Qty	Days	Rate	TOTAL							
		\$ 125.00	\$0.00	COMPANY NAME: <input type="text"/>						
		\$ 400.00	\$0.00	ADDRESS: <input type="text"/>						
		\$ 500.00	\$0.00	CITY: <input type="text"/>						
		\$ 125.00	\$0.00	STATE: <input type="text"/> ZIP: <input type="text"/>						
Projection					TELEPHONE #: <input type="text"/>					
Qty	Days	Rate	TOTAL	FAX #: <input type="text"/>						
		\$ 750.00	\$0.00	CONTACT NAME: <input type="text"/>						
		\$ 1,000.00	\$0.00	CONTACT EMAIL: <input type="text"/>						
		\$ 940.00	\$0.00							
		\$ 1,190.00	\$0.00							
		\$ 1,250.00	\$0.00							
		\$ 195.00	\$0.00							
		\$ 250.00	\$0.00							
		\$ 350.00	\$0.00							
		\$ 650.00	\$0.00							
		\$ 750.00	\$0.00							
		\$ 150.00	\$0.00							
		\$ 500.00	\$0.00							
Audio					ON SITE CUSTOMER INFORMATION					
Qty	Days	Rate	TOTAL	CONTACT: <input type="text"/>						
		\$ 125.00	\$0.00	CONTACT CELL #: <input type="text"/>						
		\$ 200.00	\$0.00	FLOOR & ROOM NAME/ BOOTH #: <input type="text"/>						
		\$ 350.00	\$0.00	DELIVERY DATE: <input type="text"/> TIME: <input type="text"/>						
		\$ 125.00	\$0.00	PICKUP DATE: <input type="text"/> TIME: <input type="text"/>						
		\$ 125.00	\$0.00							
		\$ 450.00	\$0.00							
		\$ 75.00	\$0.00							
		\$ 225.00	\$0.00							
		\$ 75.00	\$0.00							
		\$ 250.00	\$0.00							
		\$ 500.00	\$0.00							
		\$ 25.00	\$0.00							
Video					INTERNAL CAV INFORMATION					
Qty	Days	Rate	TOTAL	TECHNICIAN NAME: <input type="text"/>						
		\$ 250.00	\$0.00	R2 ORDER #: <input type="text"/>						
		\$ 500.00	\$0.00	Bill to Dept. #: <input type="text"/>						
		\$ 1,000.00	\$0.00	Bill to Folio #: <input type="text"/>						
		\$ 750.00	\$0.00							
		\$ 150.00	\$0.00							
		\$ 125.00	\$0.00							
		\$ 50.00	\$0.00							
Misc.					COMMENTS:					
Qty	Days	Rate	TOTAL							
		\$ 500.00	\$0.00							
		\$ 1,500.00	\$0.00							
		\$ 250.00	\$0.00							
		\$ 135.00	\$0.00							
		\$ -	\$0.00							
		\$ -	\$0.00							
		\$ -	\$0.00							
		\$ -	\$0.00							
INSTRUCTIONS										
Additional Set/Strike or Operator Labor May Be Applied Per Request					1. Please Complete Form In Highlighted Areas Only					
CAV Labor Fee \$ -					2. (1) Hour Minimum Labor Fee Will Be Applied To All Orders (\$135.00)					
Equipment Rental Total \$ -					3. Cancellations Within 48 Hours Of Arrival Are Subject To 50% Charge					
25% Service Fee \$ -					4. Cancellations Within 24 Hours Of Arrival Are Subject To Full Amount					
Subtotal \$ -					5. As Per NY State Law, All Labor Fees Are Taxable (8.875%)					
Tax (8.875%) \$ -					6. 25% Service Fee Applied To Equipment Rental Total					
TOTAL DUE: \$ -					7. All Charges Are Per Room / Per Day					
PAYMENT					PLEASE RETURN TO					
This signature authorizes Carlson Audio Visual, LLC to charge my personal or corporate credit card, or Account Folio set-up with the NY Marriott Marquis the total amount of \$ -					182exhibitform@carlsonav.com New York Marriott Marquis Attn: Carlson Audio Visual 1535 Broadway New York, NY 10036 Phone: 212.704.8879 Fax: 212.704.8949					
THIS CREDIT CARD WILL BE BILLED WITHIN 48 HOURS OF THE DELIVERY DATE										
NAME ON CARD: <input type="text"/>										
CC ACCOUNT #: <input type="text"/>										
EXP DATE: <input type="text"/>										
CVV: <input type="text"/>										
SIGNATURE: <input type="text"/>										

