



5915 Coopers Avenue
Mississauga, Ontario L4Z 1R9
Phone: (905) 890 0575
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EXHIBITOR ACCESSORY EQUIPMENT ORDER FORM

COMPANY:		SHOW NAME: Generation Beauty by ipsy Toronto 2016	
STREET:		LOCATION:	BOOTH No:
CITY:		INSTALLATION DATE:	TIME:
PROV/STATE:	POSTAL/ZIP:	EXHIBIT START DATE:	TIME:
PHONE:	FAX:	EXHIBIT END DATE:	TIME:
ORDERED BY:		ON SITE CONTACT:	TEL No:

ORDER NOW - PREMIUM FOR ON-SITE BOOKINGS

Quantity	Equipment Required	Advance Show Rate 2 weeks prior to show	On-Site Order Show Rate	Days Required	Total (Qty x Rate x Days)
AUDIO VISUAL EQUIPMENT					
	DVD Player / Blue Ray	65.00	81.25		
	54" Draped Video Cart	20.00	25.00		
*	42" LED Data Monitor w. 6ft.Floor Stand & HDMI/VGA Cable	425.00	n.a.		
*	55" LCD Data Monitor w. 6ft.Floor Stand &HDMI/ VGA Cable	475.00	n.a.		
*	80" LED Data Monitor w.6ft.Floor Stand & HDMI/VGA Cable	875.00	n.a.		
*	LCD Data/Video Projector, Portable	200.00	250.00		
	Computers, Interfaces and Peripherals	Upon Request			
	Poster Easel	20.00	25.00		
	Flipchart w. Pad	45.00	56.25		
	60" x 60" Tripod Screen (other sizes available)	30.00	37.50		
*	*Additional Labour				
OTHER - PLEASE SPECIFY					

FULL PAYMENT MUST ACCOMPANY ORDER		Equipment Total		
Please check one: <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> M.C.		Delivery/Pickup		75.00
Cardholder Name:		Labour (minimum)		60.00
		Labour (additional)		
Credit Card No:	Expiry Date:	SUBTOTAL		
		HST 13%		
It is understood and Agreed that the customer accepts full responsibility for any loss or damage to the equipment until it is returned to the lessor. Please see additional terms on reverse.		TOTAL		
Date:		Authorized Signature:		

Please forward directly to Stagevision Inc.
If faxing, Please ensure copies of BOTH sides are forwarded and signed as indicated.

General Terms & Conditions

- 1 Payment shall be forwarded in full with your order.
- 2 Orders must be received no later than one (1) week prior to delivery.
- 3 A written cancellation of equipment order must be received one (1) week prior to delivery date to avoid a minimum one (1) day charge.
- 4 Your representative must be available at your booth on date and time specified to accept delivery of eqi authorized person there to sign for and receive it.
- 5 All equipment is offered subject to availability and Stagevision Inc. reserves the right to substitute equivalent equipment on rental.
- 6 **The equipment is your responsibility until picked up by a Stagevision representative. Please Do Not Leave** equipment unattended in the exhibit booth once the show is over.
- 7 Stagevision Inc. shall not be responsible for losses or damages to Lessee or to any third person occasioned by any delay in the performance or non-performance of any of Stagevision Inc.'s obligations herein, or by loss or damage to any of the materials resulting from, or by reason of , or beyond the control of the Company, including, but not so being limited to, acts of God, substantial changes in general economic conditions, acts of Government or military authority, casualty, riot, acts of Lessee strikes or other labour difficulties, shortage of labour, supplies, fuel and transportation facilities or any other cause of any nature whatsoever beyond the Corporation's control of its suppliers or sub-contractors. This includes but is not limited to any software used in or on Corporation's equipment.

Installation

- 8 Additional labour will be charged for installation and dismantling of equipment requiring more than one (1) half-hour during regular business hours. Overtime rates will apply to installation and dismantling of equipment outside of regular business hours. Stagevision Inc.'s regular business hours are from 8AM to 5PM, Monday through Friday. Please call for further information.

Harmonized Sales Tax

HST is calculated at 13% in Ontario. If you are exempt, please provide exemption number:
Please phone us if you require an item that is not listed on this order form.

I Understand and Acknowledge the Terms Outlined Above

Authorized Customer Signature: _____