Exhibitor Audio Visual Order Form
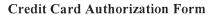
EXHIBITING COMPANY:		COMPANY REPRESENTATIVE:
EVENT NAME:		EVENT DATE:
INSTALL DATE/TIME:		REMOVAL DATE/TIME:
LOCATION/BOOTH		PMS # (hotel use only):
ON SITE CONTACT:		EMAIL ADDRESS:

PLEASE FAX ALL FORMS TO ACCOUNTING: (703) 271-5235

DISPLAY EQUIPMENT	Unit Price	QTY	#DAYS	Total	Remark
21" Flat Panel LCD Monitor	$100.00				
32" Flat Panel LCD Monitor	$250.00				
42" Flat Panel LCD Monitor	$450.00				
50" Flat Panel LCD Monitor	$550.00				
Portable Sound System	$200.00				
8x8 Tripod Screen	$55.00				
LCD Proj (3500 Lumens)	$550.00				
POWER					
Power strip/Extension Cord	$20.00				
110V 20 amp	$100.00				
100 AMP	$800.00				
100 AMP 208 Three Phase	$1,250.00				
200AMP 208 Three Phase	$1,750.00				
400AMP 208 Three Phase	$3,500.00				
Special Power requirement	CALL				
OFFICE EQUIPMENT					
Desktop PC w/windows Office 2007	$95.00				
Laser Jet Printer	$250.00				
Heavy Duty Copier 50P/M	$950.00				
Color Printer	CALL				
Laptop PC w/windows Office 2007	$200.00				
CONNECTIVITY					
High Speed Internet Access (Wired)	$350.00				
Additional Wired Connections	$75.00				
Wireless Connections	$150.00				
Additional Wireless Connections	$50.00				
Network Switch/HUB	$200.00				
Static IP Address	$1,000.00				
Webcast/Video Conferencing	CALL				
AV Equipment Charge Total					
22% Service Charge					
6% Tax					
Grand Total:	$ -				

Print Name   Signature   Date

PLEASE NOTE:

-Equipment and services are charged daily

-All orders and payment method must be received a minimum of (7) days prior to installation date

-Credit Card Authorization form should be completed and attached for the order to be processed

-For more information on equipment and services please call the AV department @ 703 271 5194

Marriott.
HOTELS & RESORTS

Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Fax to the attention of ACCOUNTING OFFICE 703 271 5235

Cardholder Information

Name as it appears on the credit card: _____

Card type: ☐ Visa ☐ MC ☐ Amex ☐ Diners/CB ☐ Discover ☐ JCB

Account type: ☐ Individual (personal credit card)

☐ Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address:
(where statement is mailed) _____

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Guest Information

Guest name: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Confirmation number: _____

Arrival date: _____ Departure date: _____

Relation to cardholder: ☐ Relative ☐ Friend ☐ Business Associate ☐ Other: _____

Rate Information and Approved Charges

Room rate:* _____ Taxes:* _____ Total daily rate:* _____ Number of nights: _____
*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

☐ All Charges   ☐ Room & Tax   ☐ Telephone (LD)   ☐ Telephone (Local)   ☐ Restaurant

☐ Room Service   ☐ Valet (Laundry)   ☐ Parking   ☐ HS Internet Access   ☐ Movies

☐ Other: _____

I certify that all information is complete and accurate. I hereby authorize {Crystal Gateway Marriott} to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____