



Hilton San Francisco
 Exhibitor Audio Visual Order Form
 Office: (415) 614-9002 Fax: (415) 614-9005



Equipment	Price	Qty.	Total	Equipment	Price	Qty.	Total	
PROJECTION / VIDEO				COMPUTER RENTAL				
LCD Projector 3000 Lumen	\$490.00			Laptop Computer	\$250.00			
DLP Projector 5000 Lumen	\$650.00			Computer Speaker	\$50.00			
Overhead Projector	\$70.00			Black & White Laser Printer	\$150.00			
DVD / VHS Player Combo	\$150.00			Color Laser Printer	\$325.00			
Beta Player	\$350.00			Desktop Computer w/Monitor	\$300.00			
DATA / VIDEO MONITORS				MISCELLANEOUS				
17" Flat Screen Data Monitor	\$150.00			Flipchart w/Markers	\$50.00			
20" Flat Screen Data Monitor	\$200.00			Whiteboard w/Markers	\$75.00			
32" Flat Screen Data / Video Monitor	\$250.00			Post-it Flipchart w/Markers	\$60.00			
37" Flat Screen Data Monitor	\$325.00			Wireless Mouse	\$50.00			
42" Plasma Data / Video Monitor	\$550.00			Laser Pointer	\$45.00			
50" Plasma Data / Video Monitor	\$650.00			AC / Power Strip	\$30.00			
Dual Post Chrome Stand	\$100.00			30" Draped Rolling Cart	\$30.00			
20" TV / DVD / VHS Combo Deck	\$150.00			54" Draped Rolling Cart	\$30.00			
PROJECTION SCREENS								
5' Tripod Screen	\$80.00							
6' Tripod Screen	\$80.00							
7' Tripod Screen	\$80.00							
8' Tripod Screen	\$80.00							
METHOD OF PAYMENT (Please Circle 1 from below)				TOTAL:				
<input type="checkbox"/> VISA	<input type="checkbox"/> M/C	<input type="checkbox"/> AMEX	<input type="checkbox"/> COMPANY CHECK	<input type="checkbox"/> GUEST ROOM				EQUIPMENT SUBTOTAL: _____
Please Make Checks Payable to Presentation Services								# OF SHOW DAYS: _____
CREDIT CARD #			EXPIRATION					EQUIPMENT TOTAL (Eq. Subtotal x Days): _____
NAME AS IT APPEARS ON CARD (Please Print)								22% SERVICE CHARGE (Eq. Total x 0.22): _____
AUTHORIZED SIGNATURE								SUBTOTAL: _____
ORGANIZATION / BUSINESS NAME					CONTACT PERSON			BOOTH #
BILLING ADDRESS					CITY	STATE	ZIP CODE	COUNTRY
TELEPHONE					FAX			
START DATE	END DATE	SET TIME	STRIKE TIME	EMAIL				
NAME OF CONFERENCE					OFFICE USE ONLY			
					CONFIRMED BY:			

PLEASE FAX THIS ORDER FORM BACK TO PSAV AT (415) 614-9005

To ensure order accuracy, PSAV will re-fax your confirmed order back to you. If you don't receive a confirmed order, please give us a call. Thank you.