



NEW YORK MARRIOTT MARQUIS
 1535 BROADWAY, NEW YORK, NY 10036
 Phone 212.704.8879 Fax 212.704.8949
 Update: 9/22/2010



AUDIO VISUAL EXHIBIT ORDER FORM

EXHIBITOR / EVENT PRICE GUIDE

If you require special equipment and services not listed please let us know, We'll do the rest!!
 Please contact the Event Technology Department for special pricing.

VIDEO DISPLAY		QTY	TOTAL	AUDIO		QTY	TOTAL
DVD/VHS Combo Player	\$ 125.00			Powered Speaker w/Wired Mic Pkg.	\$ 150.00		
LCD Projector Package w/ Tripod Screen	\$ 850.00			Powered Speaker w/Wireless Mic.	\$ 275.00		
Tripod Screen Package	\$ 180.00			Powered Speaker	\$ 125.00		
				CD Player - Multiple Disc	\$ 125.00		
DATA DISPLAY		QTY	TOTAL	DVD/VHS & Monitor Packages		QTY	TOTAL
17" LCD Monitor	\$ 150.00			32" LCD Monitor w/DVD/VHS Plyr.	\$ 500.00		
19" LCD Monitor	\$ 250.00			42" Plasma w/DVD/VHS Player	\$ 900.00		
32" lcd Monitor	\$ 400.00			50" Plasma w/DVD/VHS Player	\$ 1,000.00		
42" Plasma Monitor (w/ Stand)	\$ 800.00						
50" Plasma (w/ Stand)	\$ 900.00						
61" LCD Monitor (w/ Stand)	*CFP						
ALL Monitors Must Be Ordered 3 Days in Advance				**ALL Monitor/Player Packages Must Be Ordered 3 Days in Advance**			
COMPUTER		QTY	TOTAL	MISCELLANEOUS		QTY	TOTAL
Laptop w/ Windows XP	\$ 400.00			Flipchart Package	\$ 65.00		
Wireless Mouse	\$ 85.00			Laser Pointer	\$ 45.00		
Internet	*Please Request Internet Order Form			Electric	*Please Request Electric Order Form		

CLIENT NOTES:

DAILY EQUIPMENT TOTAL	\$		*CFP- Call For Pricing* A 22% Service Charge and 8.375% New York State Sales Tax will be applied to all equipment rentals. *All Prices are per room, per day. Full charges apply to all orders cancelled within 72 Hours prior to event. * Prices are subject to change without notice. * The undersigned takes full responsibility and agrees to assume the replacement cost for any loss or damage of said equipment.
NUMBER OF DAYS NEEDED (INCLUDING SETUP DAY)	x		
SERVICE CHARGE 22%	\$		
SUBTOTAL	\$		
8.875 % NEW YORK STATE TAX	\$		
GRAND TOTAL	\$		

EVENT NAME/CONFERENCE NAME:		COMPANY NAME:	
ADDRESS			
CITY:		STATE:	ZIP:
PHONE #		FAX #	
CELL/MOBILE #:			
E-MAIL:			
ORDERED BY:		ON-SITE CONTACT:	
ROOM	BOOTH	DIAGRAM INCLUDED?: YES OR NO	
DELIVERY DATE:	TIME:	PICK UP DATE:	TIME:

METHOD OF PAYMENT

CREDIT CARD NUMBER:	EXP DATE:
CARDHOLDERS NAME [PLEASE PRINT]	SIGNATURE:

FOR OFFICE USE ONLY

DATE RECEIVED:	DATE BILLED:	FAXED:
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OFFICE NOTES: