



Renaissance Event Technology

CAD RETEC 2010 Exhibitor Audio Visual Order Form

611 Commerce Street Nashville, TN 37203 Ph 615-525-4147 / Fax 615-525-4100 / Email to daniel.baer@renaissancehotels.com

QTY	Internet / Telephone	# of days	Daily Rate	Total
	Direct-In-Dial Phone / Fax Line (Calls Additional)		\$50.00	
	House / Modem Line (Calls Additional)		\$25.00	
	Broadband Internet Connection (wired)		\$150.00	
QTY	Video /Projection Equipment	# of days	Daily Rate	Total
	DVD Player		\$50.00	
	Rolling Cart or Stand w/ Skirt (32", 42", & 54" available)		\$25.00	
	LCD Projector 3k lumens / brighter projectors available		\$250.00	
	Tripod Screen (5', 6', 7', & 8' available)		\$40.00	
QTY	Audio Equipment	# of days	Daily Rate	Total
	Boom Box		\$55.00	
	Small Sound System - 2 Speakers & Microphone		\$140.00	
	Custom Designed Sound Systems Available		CALL	
QTY	Data Display/Computer Equipment		Show Rate	Total
	Desktop Computer (monitor not included, see below for options)	Show Rate	\$250.00	
	Laptop Computer	Show Rate	\$350.00	
	17" LCD Flat Panel Monitor (XGA 1024x768)	Show Rate	\$150.00	
	19" LCD Flat Panel Monitor (XGA 1024x768)	Show Rate	\$200.00	
	32" LCD Flat panel monitor w/ stand and speakers	Show Rate	\$400.00	
	46" LCD Flat panel monitor w/ stand and speaker	Show Rate	\$600.00	
QTY	Electrical Service	# of days	Daily Rate	Total
1	Single Outlet Booth Power (15 Amp) - Provided by CAD	3	\$30.00	Included
	Powerstrip		\$5.00	

Feel free to contact us regarding our complete inventory not listed above.

Please allow your order to reach us 10 days in advance.
A 15% rush charge will apply to 72 hours or less notice.

Rental payment is due in advance either by check or major credit.
72 hours or less cancellations are subject to Full Charge.

Equipment Total

24% Service Charge

Subtotal

15% Rush Charge (if applicable)

9.25% Sales Tax

TOTAL

[Prices Subject to change without notice]

Credit Card Information:

Card Holder's Name:	Credit Card Number:
Type:	Expiration Date :

Cardholder's Signature _____

Company Information	Delivery Information
Company Name :	Show Name : CAD RETEC 2010
Address :	Booth / Room :
City :	Delivery Date : Time:
State / Zip :	Removal Date : Time:
Phone :	On-Site Contact :
Fax:	**On-Site Contact MUST be in booth to accept delivery.
E-Mail:	
Contact:	

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AVEO # _____
PMS # _____