



# Exhibitor Audiovisual Order Form

## Audiovisual Requirements

<input type="checkbox"/> VHS/19" Monitor Combo	\$110	<input type="checkbox"/> AC Cord w/ Power Strip	\$25
<input type="checkbox"/> VHS Deck	\$50	<input type="checkbox"/> Flipchart w/ Pens & Paper	\$50
<input type="checkbox"/> 27" Video Monitor	\$110	<input type="checkbox"/> 5' – 8' Tripod Screens	\$50
<input type="checkbox"/> 35" Video Monitor	\$275	<input type="checkbox"/> AV Cart (Short)	\$25
<input type="checkbox"/> DVD Player	\$75	<input type="checkbox"/> AV Cart (Tall)	\$35

## Computer Requirements

<input type="checkbox"/> 19" Flat Screen LCD Monitor	\$125	<input type="checkbox"/> (LAPTOP) Dell 640 Duo Core	\$150
<input type="checkbox"/> 32" Flat Screen LCD Monitor	\$200	<input type="checkbox"/>	
<input type="checkbox"/> 37" Flat Screen LCD Monitor	\$300	<input type="checkbox"/>	
<input type="checkbox"/> 42" Plasma Flat Screen Monitor	\$400	<input type="checkbox"/> Laser Printer	\$95
<input type="checkbox"/> 50" Plasma Flat Screen Monitor	\$500	<input type="checkbox"/> Laser Fax Machine	\$95
<input type="checkbox"/> XGA LCD Proj. (2500 lumens)	\$250		
<input type="checkbox"/> XGA LCD Proj. (3500 lumens)	\$350		

**All rates are daily rates plus WA 9.5% sales tax and 22% service charge.** Weekly rates available upon request. We have a large inventory of audiovisual equipment available on-site. Please contact us for further information or special requests. For guaranteed availability 48 hour advanced noticed required. All items cancelled within 24 hours of delivery will be billed at full rate. Staff always available on-site for assistance.

Additional Requests or Comments:

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Company Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ email: \_\_\_\_\_

Convention Name: \_\_\_\_\_

Booth #: \_\_\_\_\_ Dates/Times: \_\_\_\_\_

I agree to allow Presentation Services/Grand Hyatt Seattle to use my credit card for payment of all authorized charges that have been arranged by my organization.

Credit Card:  American Express  Visa  MasterCard

**Credit Card #:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**3 Digit Security Code** (on back of card, far right set of numbers) \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*For credit card charges please include photocopy of front and back of card.*

*Fax all requests to:*

**Presentation Services/Grand Hyatt Seattle**  
**721 Pine Street Seattle, WA 98101**  
**Phone 206-442-9600 Fax 206-442-9655**