



A Subsidiary of Technology Express, Incorporated

NSTA – Booth Order Form
 Milwaukee
 November 9th – November 11th
 (Exhibitor Booth Order Form)

Equipment	Price	Qty	Total
MAC/PC DONGLES (Please confirm type needed) (No Delivery Charge for MAC/PC Dongles)	\$ 25.00 Show Price	_____	_____
LAPTOP w/OFFICE 16/WIN 7 or 10	\$155.00 Show Price	_____	_____
26" LCD TV/MONITOR	\$180.00 Show Price	_____	_____
32" LCD TV/MONITOR	\$280.00 Show Price	_____	_____
42" LCD TV/MONITOR	\$400.00 Show Price	_____	_____
50" LCD TV/MONITOR	\$500.00 Show Price	_____	_____
55" LCD TV/MONITOR	\$600.00 Show Price	_____	_____
65" LCD TV/MONITOR (Limited Availability)	\$750.00 Show Price	_____	_____
POST STAND (For LCD Monitors)	\$175.00 Show Price	_____	_____
DVD PLAYER	\$115.00 Show Price	_____	_____
WIRELESS HEADSET/MIXER/2 SPEAKER	\$905.00 Show Price	_____	_____
WIRELESS HAND/MIXER/2 SPEAKER	\$905.00 Show Price	_____	_____

Call for pricing on any equipment not listed

Delivery Date: _____	Equipment Total	_____
Pickup Date: _____	Tax @ 7.95%	_____
Booth Number: _____	Delivery/Pickup	\$150.00
	Subtotal	_____
Booth Name: _____	Service Fee	_____
Cell # _____	(6% of Subtotal)	_____
	Grand Total	_____

Orders must be received by November 1st any orders placed after November 1st will be charged a \$75.00 late fee.

Contact: Mike Coultas • Voice: (636) 978-1005 • Email: mcoultas@av-ps.com

EQUIPMENT ORDERS MUST BE CANCELLED 72-HOURS PRIOR TO DELIVERY OR WILL BE SUBJECT TO 100% FEE.

NSTA Credit Card Authorization Form

I hereby certify that I am the Card member or Authorized User with signature rights to the credit card referenced below. I acknowledge receipt of audio visual/computer goods and/or services from AVPS/Technology Express, Inc. I authorize AVPS/Technology Express, Inc. to charge all costs associated with these goods and/or services to the below referenced credit card. Itemization of all charges made to this card will be sent to billing address provided below. I agree to perform all the obligations set forth in the Card member's agreement with issuer.

Signature _____

Printed Name _____

Please provide the information below exactly as it appears on the card.

Credit Card Number _____

Expiration Date _____ V Code (On Signature Line) _____

Card members Name _____

Credit Card Billing Address

Phone Number _____

Fax Number _____

Company Name _____

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Audio Video Production Solutions/Technology Express, Inc.

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O Fallon, MO 63366

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Fax 636-614-1489

mcoultas@av-ps.com

Cities located in:

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