



A Subsidiary of Technology Express, Incorporated

NSTA – Workshop Order Form

Los Angeles

March 27^h – April 2nd

(Teacher Presenter & Exhibitor Workshop Order Form)

Equipment	Price	Qty	Total
LCD SUPPORT (Screen/Cart/Power)	\$105.00 Per Day	___	_____
LAPTOP w/OFFICE/WIN 7	\$ 55.00 Per Day	___	_____
LCD PROJECTOR	\$255.00 Per Day	___	_____
DOCUMENT CAMERA	\$255.00 Per Day	___	_____
OVERHEAD	\$100.00 Per Day	___	_____
DVD PLAYER	\$ 60.00 Per Day	___	_____
FLIPCHART PACKAGE (No Delivery Charge)	\$ 60.00 Per Day	___	_____
WIRELESS LAPEL/MIXER/2 SPEAKERS	\$305.00 Per Day	___	_____
WIRELESS HAND MIXER/2 SPEAKERS	\$305.00 Per Day	___	_____
LAPTOP AUDIO/2 SPEAKER	\$105.00 Per Day	___	_____

Call for pricing on any equipment not listed

Delivery Date: _____	Time: _____	Equipment Total	_____
Pickup Date: _____	Time: _____	Tax @ 7.95%	_____
Room Name/Number: _____		Delivery/Pickup	\$ 125.00
		Subtotal:	_____
Contact Name _____		Service Charge	_____
Cell # _____		(6% of Subtotal)	_____
		Grand Total	_____

Orders must be received by March 17th any orders placed after the March 17th 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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