



A Subsidiary of Technology Express, Incorporated

**NSTA – Booth Order Form**  
 Atlanta  
 March 14<sup>th</sup> – March 17<sup>th</sup>  
 (Exhibitor Booth Order Form)

<b>Equipment</b>	<b>Price</b>	<b>Qty</b>	<b>Total</b>
LAPTOP w/OFFICE/WIN 7	\$160.00 Show Price	_____	_____
26" LCD TV/MONITOR	\$185.00 Show Price	_____	_____
32" LCD TV/MONITOR	\$285.00 Show Price	_____	_____
42" LCD TV/MONITOR	\$405.00 Show Price	_____	_____
50" LCD TV/MONITOR	\$505.00 Show Price	_____	_____
55" LCD TV/MONITOR	\$605.00 Show Price	_____	_____
65" LCD TV/MONITOR (Limited Availability)	\$755.00 Show Price	_____	_____
POST STAND (For LCD Monitors)	\$185.00 Show Price	_____	_____
ROLL CART w/SKIRT	\$ 85.00 Show Price	_____	_____
DVD PLAYER	\$120.00 Show Price	_____	_____
5' or 6' TRIPOD SCREEN/STAND/SKIRT	\$235.00 Show Price	_____	_____
WIRELESS HEADSET/MIXER/2 SPEAKER	\$910.00 Show Price	_____	_____
WIRELESS HAND/MIXER/2 SPEAKER	\$910.00 Show Price	_____	_____

*\*Call for pricing on any equipment not listed\**

<b>Delivery Date:</b> _____	Equipment Total	_____
<b>Pickup Date:</b> _____	Tax @ 7.95%	_____
<b>Booth Number:</b> _____	Delivery/Pickup	<b>\$175.00</b>
	Subtotal	_____
<b>Booth Name:</b> _____	Service Fee	_____
<b>Cell #</b> _____	(6% of Subtotal)	_____
	<b>Grand Total</b>	_____

*Orders must be received by March 2<sup>nd</sup> any orders placed after March 2<sup>nd</sup> will be charged a \$75.00 late fee.*

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

**EQUIPMENT ORDERS MUST BE CANCELLED 24-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 \_\_\_\_\_

Card Members Name \_\_\_\_\_

Credit Card Billing Address  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

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

**\*\*INCORRECT DISPUTED CHARGES WILL RESULT IN A \$25.00 FEE.\*\***

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**Audio Video Production Solutions/Technology Express, Inc.**

**820 Midpoint Drive**

**O Fallon, MO 63366**

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**Fax 636-614-1489**

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