



A Subsidiary of Technology Express, Incorporated

NSTA – Workshop Order Form

Seattle

December 12th – 14th

(Teacher Presenter & Exhibitor Workshop Order Form)

| Equipment | Price | Qty | Total |
|--|------------------|------------|--------------|
| LCD SUPPORT (7' or 8' Screen/Cart/Power) | \$115.00 Per Day | ___ | _____ |
| LAPTOP w/OFFICE 16/WIN 10 | \$ 60.00 Per Day | ___ | _____ |
| LCD PROJECTOR (4000 Lumens) | \$265.00 Per Day | ___ | _____ |
| DOCUMENT CAMERA | \$265.00 Per Day | ___ | _____ |
| OVERHEAD | \$125.00 Per Day | ___ | _____ |
| DVD PLAYER | \$ 65.00 Per Day | ___ | _____ |
| FLIPCHART PACKAGE (No Delivery Charge) | \$ 65.00 Per Day | ___ | _____ |
| WIRED HAND/MIXER/2 SPEAKERS | \$215.00 Per Day | ___ | _____ |
| WIRELESS LAPEL/MIXER/2 SPEAKERS | \$315.00 Per Day | ___ | _____ |
| WIRELESS HAND MIXER/2 SPEAKERS | \$315.00 Per Day | ___ | _____ |
| LAPTOP AUDIO/2 SPEAKER | \$115.00 Per Day | ___ | _____ |

Call for pricing on any equipment not listed

| | | | |
|--------------------------------|--------------------|------------------------|------------------|
| Delivery Date: _____ | Time: _____ | Equipment Total | _____ |
| Pickup Date: _____ | Time: _____ | Tax @ 7.95% | _____ |
| Room Name/Number: _____ | | Labor | \$ 145.00 |
| | | Subtotal: | _____ |
| Contact Name _____ | | Service Charge | _____ |
| Cell # _____ | | (6% of Subtotal) | _____ |
| | | Grand Total | _____ |

Orders must be received by December 1st any orders placed after December 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 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.****

Audio Video Production Solutions/Technology Express, Inc.

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Fax 636-614-1489

mcoultas@av-ps.com

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