



A Subsidiary of Technology Express, Incorporated

NSTA – Workshop Order Form

Boston, MA

March 30th – April 5th

(Teacher Presenter & Exhibitor Workshop Order Form)

Equipment	Price	Qty	Total
LCD SUPPORT (7' or 8' Screen/Stand/Power)	\$125.00 Per Day	___	_____
LAPTOP w/OFFICE 16/WIN 10	\$ 65.00 Per Day	___	_____
LCD PROJECTOR (4000 Lumens)	\$275.00 Per Day	___	_____
DOCUMENT CAMERA	\$275.00 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	\$225.00 Per Day	___	_____
WIRELESS LAPEL/MIXER/2 SPEAKERS	\$325.00 Per Day	___	_____
WIRELESS HAND MIXER/2 SPEAKERS	\$325.00 Per Day	___	_____
LAPTOP AUDIO/2 SPEAKER	\$125.00 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	\$ 155.00
		Subtotal:	_____
Contact Name _____		Service Charge	_____
Cell # _____		(6% of Subtotal)	_____
		Grand Total	_____

Orders must be received by March 20th any orders placed after March 20th will be charged a \$100.00 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

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