



*A Subsidiary of Technology Express, Incorporated*

**NSTA – Workshop Order Form**

Charlotte, NC

*November 29<sup>th</sup> – December 1<sup>st</sup>*

**(Teacher Presenter & Exhibitor Workshop Order Form)**

<b>Equipment</b>	<b>Price</b>	<b>Qty</b>	<b>Total</b>
LCD SUPPORT (Screen/Cart/Power)	\$110.00 Per Day	___	_____
LAPTOP w/OFFICE/WIN 7	\$ 60.00 Per Day	___	_____
LCD PROJECTOR	\$265.00 Per Day	___	_____
DOCUMENT CAMERA	\$265.00 Per Day	___	_____
OVERHEAD	\$110.00 Per Day	___	_____
DVD PLAYER	\$ 65.00 Per Day	___	_____
FLIPCHART PACKAGE (No Delivery Charge)	\$ 65.00 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\**

<b>Delivery Date:</b> _____	<b>Time:</b> _____	<b>Equipment Total</b>	_____
<b>Pickup Date:</b> _____	<b>Time:</b> _____	<b>Tax @ 7.95%</b>	_____
<b>Room Name/Number:</b> _____		<b>Labor</b>	<b>\$ 135.00</b>
		<b>Subtotal:</b>	_____
<b>Contact Name</b> _____		<b>Service Charge</b>	_____
<b>Cell #</b> _____		(6% of Subtotal)	_____
		<b>Grand Total</b>	_____

*Orders must be received by November 19<sup>th</sup> any orders placed after the November 19<sup>th</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.\*\***

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

**820 Midpoint Drive**

**O Fallon, MO 63366**

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**Fax 636-614-1489**

**[mcoultas@av-ps.com](mailto:mcoultas@av-ps.com)**

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