

EXHIBIT EQUIPMENT ORDER FORM



2008 APWA International Public Works Congress & Exposition
 Morial Convention Center | New Orleans, Louisiana | August 17-20, 2008

2008 APWA International Public Works Congress & Exposition
August 17-19, 2008
New Orleans Convention Center
New Orleans, LA

Please Return Completed Form to:
 The Audio Visual Management Group, Inc.
 3310 Matrix Drive, Suite 200
 Richardson, Texas 75082
 Phone: (214) 343-2864
 Fax: (214) 349-4658



ADVANCED SHOW RATE EXPIRES 8/4/08

Orders received after the above-listed expiration date will be subject to the applicable STANDARD SHOW RATE.

QTY	EQUIPMENT	ADVANCED SHOW RATE	ON-SITE SHOW RATE	TOTAL
FLAT PANEL DATA DISPLAY MONITORS				
	18" Flat Panel LCD Monitor	\$225.00	\$300.00	
	20" Flat Panel LCD Monitor	\$375.00	\$450.00	
	30" Flat Panel LCD Monitor	\$750.00	\$850.00	
PLASMA FLAT DATA DISPLAY MONITORS				
	42" Plasma Monitor	\$900.00	\$1,100.00	
	37" Plasma Monitor (4:3 Ratio)	\$950.00	\$1,200.00	
	50" Plasma Monitor	\$1,500.00	\$1,800.00	
	61" Plasma Monitor	\$2,200.00	\$2,500.00	
PLASMA & FLAT PANEL DATA DISPLAY ACCESSORIES				
	Wall Mounting Brackets	\$75.00	\$100.00	
	Single Post Stand (for 30" display)	\$150.00	\$200.00	
	Dual Post Stand (for 42" to 61" displays)	\$150.00	\$200.00	
	Plasma Speakers (set of 2)	\$75.00	\$100.00	
	VGA Extension Cable (10' to 25')	\$50.00	\$75.00	
	VGA Distribution Amplifier (1-Input, 2-Output)	\$150.00	\$200.00	
	Shelf for Post Stand	\$50.00	\$75.00	
DESKTOP COMPUTER SYSTEMS: (Includes 17" Flat Monitor, Keyboard, Mouse, Windows XP)				
	PIV 3.0GHz/512MB/40GB/CDRW/DVD	\$300.00	\$350.00	
	PIV 3.2GHz/512MB/40GB/CDRW/DVD	\$400.00	\$450.00	
	MAC Desktop	CALL	CALL	
LAPTOP COMPUTERS: (Includes Windows XP)				
	Pentium Laptop	\$350.00	\$450.00	
	MAC Laptop	CALL	CALL	
ADDITIONAL COMPUTER EQUIPMENT				
	HP LaserJet Printer	\$250.00	\$300.00	
	Plain Paper Fax Machine	\$150.00	\$200.00	
	Hub: 4-Port (10/100)	\$45.00	\$55.00	
	Computer Desktop Speakers (set of 2)	\$60.00	\$70.00	
	USB Keyboard & Mouse Package (Wired)	\$50.00	\$75.00	
	USB Keyboard & Mouse Package (Wireless)	\$125.00	\$175.00	
VIDEO EQUIPMENT				
	DVD Player (Standard Definition)	\$250.00	\$300.00	
	20" Color TV Combo Unit	\$200.00	\$250.00	
	27" Color TV Combo Unit	\$250.00	\$300.00	
	Projection Cart: <input type="checkbox"/> 42" or <input type="checkbox"/> 54"	\$40.00	\$60.00	
AUDIO EQUIPMENT				
	Sound System: (2) Speakers, (1) Wired Microphone, (1) Mixer	\$400.00	\$450.00	
	Sound System: (2) Speakers, (1) Wireless Microphone, (1) Mixer	\$550.00	\$600.00	
OTHER EQUIPMENT				
	LCD Projector	CALL	CALL	
	Projection Screen	CALL	CALL	
RENTAL EQUIPMENT TOTAL				

NOTE: Additional items are available upon request. Please call 1-800-283-AVMG (2864) for additional assistance.

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TOTAL EQUIPMENT CHARGES

RENTAL EQUIPMENT TOTAL

20% SERVICE CHARGE (Applies to Equipment Only)
 (Includes: Deliver, Standard Setup, and Pickup)

_____ (\$84 Minimum)

11% TRANSACTION FEE (Applies to Equipment Only)

NOTE: A valid Tax ID # must accompany order for exemption in the State of LA

SUBTOTAL

LABOR TOTAL (IF APPLICABLE)

TOTAL AMOUNT DUE

NOTE: Additional Labor is based on a 4-hour minimum and subject to local labor rates

EQUIPMENT USAGE AGREEMENT

FULL PAYMENT REQUIRED WITH THIS ORDER

- * Contact must be present to sign for all booth deliveries
- * On-site orders require payment in full PRIOR to delivery
- * **Orders canceled pre-show are subject to a 30% Service Charge**
- * **Orders canceled on site are subject to a 50% Service Charge**
- * Equipment provided in good condition must be returned the same
- * Customer will pay for repairs due to damage during use
- * Customer agrees to pay in full for lost or stolen equipment
- * Parties agree to equipment usage for above-mentioned dates
- * There will be no credit card fee on invoices of \$10,000 or less
- * There will be a **5%** fee added to the invoice if over \$10,000

ACCEPTED BY: X

(SIGNATURE DENOTES ACCEPTANCE TO AVMG TERMS)

EXHIBITOR INFORMATION

EXHIBIT COMPANY: _____

Booth #: _____

ORDER PLACED BY: _____

On-Site Contact: _____

BILLING ADDRESS: _____

Contact Cell #: _____

Work Phone #: _____

Delivery Date: _____

Work Fax #: _____

Delivery Time: _____

E-mail Address: _____

NOTE: Original invoice/receipt will be mailed upon confirmation.

PAYMENT INFORMATION

AMEX #: _____

CHECK #: _____

VISA #: _____

(PLEASE MAKE CHECKS PAYABLE TO AVMG, INC.)

MC #: _____

EXP. DATE (MO/YR): _____

CARD HOLDER: _____

BILLING ADDRESS: _____

If different from above-listed billing address _____

AUTHORIZED SIGNATURE: X

DATE: _____