## AUDIO VISUAL ORDER FORM

Advance Order Deadline: Wednesday, April 26, 2006 http://orders.avhq.com	QTY	ADVANCE ORDER RATES*	ON-SITE ORDER RATES*	ADVANCE ORDER TOTALS*
VHS Player with Repeat		\$ 150	\$ 180	
SVHS VCR		\$ 225	\$ 300	
International VHS VCR (PAL / Secam)		\$ 400	\$ 450	
DVD Player		\$ 150	\$ 180	
CRT Monitors				
20" Color Video Monitor - VHS Combo Unit (4:3)		\$ 250	\$ 300	
20" Color Video Monitor (4:3)		\$ 125	\$ 175	
20" Sony WEGA-Flat Tube Video Monitor (4:3)		\$ 130	\$ 180	
26/27" Color NTSC Video Monitor (4:3)		\$ 250	\$ 300	
27" Sony Wega Flat Tube Video Monitor (4:3)		\$ 275	\$ 350	
29" Color Video/Multisync Monitor (4:3)		\$ 500	\$ 600	
35" Color Video/Multisync Monitor (4:3)		\$ 600	\$ 700	
37" Color Video/Multisync Monitor (4:3)		\$ 775	\$ 900	
LCD Monitors			-	
20" LCD Flat Panel Video Only Monitor (4:3)		\$ 400	\$ 500	
23" LCD Flat Panel Video/Multisync Monitor (16:9)		\$ 775	\$ 900	
30" LCD Flat Panel Video/Multisync Monitor (16:9)		\$ 800	\$ 950	
Plasma Monitors				
37" Plasma Monitor (4:3)		\$ 1,250	\$ 1,500	
42" HDTV Plasma Monitor: (16:9)		\$ 995	\$ 1,250	
50" HDTV Plasma Monitor: (16:9)		\$ 1,350	\$ 1,750	
60" HDTV Plasma Monitor: (16:9)		\$ 2,500	\$ 2,750	
Chrome Floor Stand (Use with 37", 42", 50" & 60" Plasma's)		\$ 125	\$ 175	
Data/Video Projectors				
2100 Lumens DLP XGA Video Projector		\$ 950	\$ 1,200	
2600 Lumens LCD XGA Video Projector		\$ 950	\$ 1,200	
3200 Lumens LCD XGA Video Projector		\$ 1,450	\$ 1,800	
Projection Screens: (priced by consultation or on-line)		\$ -	\$ -	

(Describe below how monitors or projectors are to be used: Tabletop or Wall Mounted

## **Miscellaneous Projection Items**

Document Camera/Visual Presenter	\$	840	\$ 1,050	
Standard Overhead Projector	\$	125	\$ 165	
High Brightness Overhead Projector	\$	375	\$ 450	
Slide Projector w/ Lens and Tray	\$	140	\$ 180	

Terms of Agreement: (1) To guarantee equipment availability this order should reach us 10 Days Prior to requested delivery. (2) Operator labor, if requested or required, is subject to the prevailing hourly rate subject to minimums as established by the Venue location. (3) Cancellations received within 48 hours of the scheduled delivery date are subject to a fee of 50% of the equipment and tax. (4) Cancellations received on the day of scheduled delivery or "no-shows" are subject to the full amount of the order to include delivery charges, installation and tax.



AVHQ Contact: Robert McInnis

(800) 966-4498 rmcinnis@avhq.com

## ISMRM 14th Scientific Meeting & Exhibition

5/6/06 – 5/12/06 Washington State Convention & Trade Center Seattle, WA

				1			
If you have a special request or need additional equipment, please call 214-210-8121. A written confirmation will be sent once your order is processed.	ОТУ	ADVANCE ORDER RATES*			SITE DER ES*	<u>ADVANCE</u> ORDEI TOTALS*	
32" Rolling Cart w/ Black Skirt	1	\$	75	\$	100		
54" Rolling Cart w/ Black Skirt	1	\$	75	\$	100		
Audio Cassette Player/Recorder		\$	90	\$	105		
CD Player		\$	65	\$	120		
CD Recorder		\$	400	\$	450		
Wired Microphone: Handheld		\$	50	\$	75		
Wired Microphone: Clip-on Lavalier		\$	50	\$	75		
UHF Wireless Microphone: Handheld		\$	325	\$	375		
UHF Wireless Microphone: Clip-on Lavalier		\$	325	\$	375		
UHF Wireless Headset Microphone		\$	375	\$	425		
Individual Small Powered Speaker (up to 5 people)		\$	100	\$	120		
Premium Powered Speaker (350 watts)		\$	150	\$	175		
Sound System with (2) speakers (2) stands (up to 20 people)		\$	250	\$	270		
Sound System with (2) speakers (2) stands (up to 50 people)		\$	300	\$	330		
4 Channel Audio Mixer		\$	75	\$	90		
order is placed.  Equipment Total:							
Labor Charges for Delivery, Set-Up and Pick-up: Minimum:	\$ 65		Rate =	20	)%		
Sales Tax Rate on Equipment (if tax exempt, refer to instr	uctions) 8.8			8.8	0%		
Sales Tax Rate on Labor (if tax exempt, refer to ins	tructions	)		8.8	0%		
CUSTOMER INFORMATION	_	Т	OTA	L DU	Ε		
Company Name:	Ordered	Ordered By:			Title		
Address:	City:	City:		State		Zip Code	
E-Mail Address:	Country	Country		Telephone:			
Credit Card No. & Exp. Date - Circle One: Dis, V, MC, AE, Diners	If By C	If By Check: Number		Fax Number:			
Name as it appears on the credit card:		Reg	uested F	elivery	Date:		
On-Site Contact Person:	Requested Delivery Date:  AM or PM?  Requested Pick-Up Date:  AM or PM?						
On-Site Contact Person:							
Cell No. of Contact Person:							
				SHO	W #	60509	
Signature of Cardholder and Date:	II B	ooth	#	J			