

Colorado Fall Home Show

AUDIO-VISUAL REQUEST FORM

Any equipment added after the order deadline will be charged an additional 30%

ORDER DEADLINE

Call for custom solutions

DISPLAYS:	QTY	SHOW RATE	AMOUNT
24" Screen 1080p Pedestal Only		\$300	
32" Screen 1080p with Table Top Pedestal		\$500	
43" Screen 1080p with Table Top Pedestal		\$750	
48" Screen 1080p with Table Top Pedestal		\$825	
60" Screen 1080p with Table Top Pedestal		\$1000	
70" Screen 1080p Dual Post Floor Stand Only		\$1600	
80" Screen 1080p Truss Floor Stand Only		\$2000	
46" Touch Screen		call for pricing	
50" Touch Screen		call for pricing	
Dual Post Floor Stand 72" For Displays	\$75		
Shelf for Dual Post Floor Stand		\$10	
LED Display Wall Mount - (one per monitor)		\$100	
* All displays come with cables			

COMPUTER EQUIPMENT:	QTY	SHOW RATE	AMOUNT
Laptop Computer (Windows 10)		\$300	
Laptop Computer (Mac)		\$350	
27" Apple iMac		\$500	
Apple iPad (wifi only)		\$150	
Wireless Keyboard and Mouse		\$30	

AUDIO EQUIPMENT:	ΩΤΥ	SHOW RATE	AMOUNT
2 Speakers with stands, and wireless lav or handheld mic		\$200	
Computer Speakers		\$20	
Custom Audio Packages		call for pricing	

OTHER:	QTY	SHOW RATE	AMOUNT
54" Cart with Black Skirt		\$25	
Blu-ray/DVD Player or CD Player		\$50	

* Please call for equipment not listed

1. EQUIPMENT TOTAL

2. LABOR (30% OF LINE 1):

TOTAL DUE:

A confirmation order will be mailed, faxed or emailed to you, or you will be contacted by a Rental Representative. CEAVCO will accept payment via check, money order or credit card. Payment must be received prior to delivery. Please wait for confirmation for total amount due. All orders, regardless of payment method, must be secured with a credit card. Any orders canceled within 24 hours of delivery date will be charged a 50% cancellation fee.

PAYMENT INFORMATION:

	CEAVCO 6240 W 54th Ave Arvada, CO 80002 rentalbooths@ceavco.com Phone: 303.539.3500 Fax: 303.539.3501 www.ceavco.com
	ORDERED BY:
	COMPANY NAME: ADDRESS:
	STATE / ZIP:
	EMAIL:
	PHONE:
	CONTACT NAME:
1	DELIVERED TO:
	FACILITY:
	COMPANY NAME:

BOOTH #:

ON-SITE CONTACT:

ON-SITE CELL:

DELIVERY DATE:

DELIVERY TIME:

NOTES:

CEAVCO ON-SITE CONTACT:

CONTACT NAME:

CELL PHONE:

To fill out this form digitally, please use the free program: Adobe Acrobat Reader