

**Turfgrass and Landscape Expo  
Long Beach Convention Center  
November 4-5, 2009**



**Audio / Video / Data  
Order Form**



<b>Video Equipment</b>		Qty	Advance Rate <small>see deadline&gt;</small>	Regular Rate	Total	<b>**Orders received after October 4, 2009 will be subject to the REGULAR RATE** Exhibit Dates: November 4-5, 2009</b>
Digital CATV Connection (basic cable channels) plus labor			\$1,150	\$1,350		
Analog CATV Connection (basic cable channels) plus labor			\$350	\$450		
DVD Player			\$150	\$180		
23" Video Flat Panel (16:9 aspect ratio) with speakers			\$750	\$900		
27" Video Monitor			\$160	\$192		<b>Customer Information</b>  <b>PLEASE PRINT</b> Firm Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Ordered By: _____ Telephone: _____ Fax: _____ e-Mail: _____
1/2" VHS Player with Repeat			\$100	\$120		
20" VHS / Monitor Combo			\$100	\$120		
DV CamCorder			\$500	\$600		
Camera Tripod			\$90	\$108		
54" Monitor Cart with Skirt			\$40	\$48		
<b>Video / Data Display</b>		Qty	Pre-Show Rate	On-Site Rate	Total	<b>Information for Delivery</b> Exhibit Booth#: _____ On Site Contact: _____ Ph.-Cell-Pager: _____ Delivery Date: _____ Time: _____ Signature: _____ Representative <b>MUST BE</b> on-site at above for Delivery. Exhibitor assumes responsibility for Loss or Damage to property of Projection after Delivery and acceptance at Booth.
Video / Data LCD Projector ( 3000 Lumens , S-XGA )			\$750	\$900		
VGA Distribution Amplifier			\$75	\$90		
17" LCD Flat Screen Display			\$75	\$90		
20" LCD Flat Screen Display (Data Only)			\$175	\$210		
23" LCD Display Panel (16:9 Ratio) with speakers			\$375	\$450		<b>Ordering Instructions</b> ☞ Charges for requested items selected are for the <b>Entire Event.</b> Submit your request prior to set - up. <b>No Equipment Charges</b> for set - up prior to the event. ☞ Include applicable Sales Tax on equipment and or labor. Tax Exempt Certificate <b>must</b> be on file for the <b>State of California</b> to claim exempt status ☞ <b>Installation / Dismantle Fee</b> includes delivery, install, maintenance and dismantle. Contact <b>562-499-7675</b> for in-booth operation. ☞ <b>Cancellation</b> of equipment ordered must be received <b>72 hours prior</b> to delivery date to avoid a one day charge. If delivered, <b>100%</b> of charges will apply. ☞ Call <b>562-499-7675</b> , or send an e-Mail to <b>kabdel-wahab@projection.com</b> with questions, or additional requirements.
32" LCD Display Panel (16:9 Ratio) with speakers			\$525	\$630		
42" Plasma Display Panel (VGA - SXGA) 16:9 Ratio			\$600	\$720		
50" Plasma Display Panel (VGA - SXGA) 16:9 Ratio			\$700	\$840		
60" Plasma Display Panel (16:9 Ratio)			\$950	\$1,140		
Plasma Slim Mount Speakers (regular fidelity)			\$125	\$150		<b>Processing</b> Fax Form To: (562) 499 - 7683 Call (562) 499 - 7675 to confirm fax receipt  <b>LONG BEACH CONVENTION CENTER</b> 300 E. Ocean Blvd. Long Beach, CA. 90802 Phone: (562) 499 - 7546 Fax: (562) 499 - 7683 tallen@projection.com
Plasma EAW Speaker System (Hi-fidelity)			\$350	\$420		
Plasma Display Floor Stand 72"			\$125	\$150		
Plasma Display Wall Mount			\$125	\$150		
Plasma Display Floor Stand Shelf			\$75	\$90		
Folsom Image Pro Scaler/Scan Converter/Switcher			\$350	\$420		
<b>Audio Equipment</b>		Qty	Pre-Show Rate	On-Site Rate	Total	
Wired Microphone (circle one: Lavalier - Headset - Handheld)			60	\$72		
Wireless Microphone (circle one: Lavalier-Headset-Handheld)			\$250	\$300		
Shure 4 Channel Audio Mixer			\$70	\$84		
Liberty Sound System (2-Speakers, Mixer/Amp, Stands)			\$250	\$300		
EAW Sound System (2-Speakers, Mixer/Amp, Stands)			\$500	\$600		
Cd Player			\$100	\$120		
CD / Cassette Player			100	\$120		
<b>Other Items</b>		Qty	Pre-Show Rate	On-Site Rate	Total	
VGA / 5 Wire Cable Harness (20')			25	\$30		
<b>Totals</b>		<b>PAYMENT IS DUE WHEN ORDER IS PLACED</b>				
EQUIPMENT TOTAL:					1	
DELIVERY/SET-UP/PICKUP: (20% of line 1 or \$90.00 minimum)					2	
DRAYAGE: (15% of lines 1 and 2)					3	N/A
SUBTOTAL: (add lines 1 through 3)					4	
STATE SALES TAX: <b>9.75%</b> of subtotal					5	
TOTAL DUE:					6	
<b>Method of Payment</b>		<b>PLEASE CHECK ONE</b>				
Card Number: _____ Exp Date ____ / ____		American Express <input type="checkbox"/>				
		Visa <input type="checkbox"/>				
Cardholder's Name (as appears on card): _____		MasterCard <input type="checkbox"/>				
Cardholders Signature: _____		Check (US Only) <input type="checkbox"/>				
		Wire Transfer (US) <input type="checkbox"/>				