



Audio Visual Provided By:



AUDIO-VISUAL ORDER FORM

Event Name _____
 Event Dates _____

SECTION A

COMPUTER DISPLAY	QTY/DAY	RATES	AUDIO	QTY/DAY	RATES
	QTY. X DAYS	X RATES =		QTY. X DAYS	X RATES =
17" SVGA MONITOR	x	\$100.00 =	JBL Eon SPEAKER	x	\$50.00 =
21" (VGA,SVGA,XGA) MONITOR	x	\$185.00 =	SMALL SOUND SYSTEM *	x	\$175.00 =
29" (VGA,SVGA,XGA,SXGA) MON.	x	\$250.00 =	* 2 POWERED SPEAKERS W/STANDS,MIXER.MIC		
37" Multi-Sync Monitor	x	\$350.00 =	HEADSET MIC	x	\$50.00 =
LCD PROJECTOR (SVGA)	x	\$650.00 =	WIRELESS HANDHELD	x	\$150.00 =
42" PLASMA MONITOR (SVGA)w/stand	x	\$725.00 =	WIRELESS LAVALIER	x	\$150.00 =
Larger Monitors Available Upon Request			WIRED MICROPHONE HANDHELD/LAVALIER	x	\$40.00 =
			CD PLAYER	x	\$40.00 =

Additional Labor May Be Required For Multiple Or Larger Items.

VIDEO	QTY/DAY	RATES	PROJECTION	QTY/DAY	RATES
	QTY. X DAYS	X RATES =		QTY. X DAYS	X RATES =
1/2" VHS PLAYER W/AUTO REPEAT	x	\$70.00 =	OVERHEAD PROJECTOR	x	\$50.00 =
1/2" TRISTANDARD PAL/SECAM	x	\$130.00 =	35MM SLIDE PROJECTOR	x	\$50.00 =
BETACAM SP PLAYER	x	\$450.00 =	35MM VIEWER W/ BUILT-IN 12" SCREEN	x	\$55.00 =
DVD PLAYER w/AUTO REPEAT	x	\$50.00 =	TRIPOD SCREENS (6' - 7' - 8')	x	\$40.00 =
20" TV/VCR COMBO	x	\$120.00 =	48" PROJ./ MONITOR CART W/SKIRT	x	\$40.00 =
20" VIDEO MONITOR	x	\$70.00 =	Flip Chart w/ Markers	x	\$45.00 =
27" VIDEO MONITOR	x	\$130.00 =	PODIUM W/MIC	x	\$40.00 =
35" VIDEO MONITOR	x	\$180.00 =			

Larger Monitors Available Upon Request

Specialty Equipment Available Upon Request.

ORDERING INSTRUCTIONS

1. After choosing quantity of equipment and days needed
2. Enter dollar amounts from section A in section B
3. Calculate your order in section B
4. Fill in billing information in section C
5. Fax to Strong Audiovisual @ (954) 765-5957

SECTION B

CALCULATE YOUR ORDER

Equipment Total.....	_____
Add Basic Delivery/ Setup/ Pick up.....	+ \$100.00
Sub-Total.....	= _____
Add Tax @ 6%.....	+ _____
Total Charge.....	\$ _____

* Setup fee subject to change, based on equipment needs!

Delivery Information

Delivery Date _____ Time _____
 Location _____

Pickup Information

Pickup Date _____ Time _____
 Location _____

SECTION C

Billing Information Please Print Clearly

Company Name: _____	On Site Contact: _____
Address: _____	
STREET	CITY STATE ZIP
Phone Number _____	Fax Number _____
Print Name _____	Signature _____ Date _____

Payment Information Circle One

CREDIT CARD

AMX MC VISA

CARD NUMBER _____ EXPIRATION DATE _____ CARDHOLDER'S NAME _____

C.O.D.

COMPANY CHECK CHECK # _____ CASH _____

NOTES:

If you didn't find what you need, call us at 954-765-5952
 All payments, or arrangements must be made in advance.

You will be faxed a confirmation!
 Electrical services are not included.