



A Subsidiary of Technology Express, Incorporated

United Church of Christ
 General Synod 2017 • Baltimore Convention Center
June 30th – July 4th
Exhibitor Booth AV Order Form

Equipment	Price	Qty	Total
26" LCD TV/Monitor	\$175.00 Show Price	_____	_____
32" LCD TV/Monitor	\$225.00 Show Price	_____	_____
42" LCD TV/Monitor	\$450.00 Show Price	_____	_____
50" LCD TV/Monitor	\$500.00 Show Price	_____	_____
55" LCD TV/Monitor	\$550.00 Show Price	_____	_____
65" LCD TV/Monitor	\$600.00 Show Price	_____	_____
Post Stand w/Shelf (For Monitors)	\$175.00 Show Price	_____	_____
Laptop w/Office 16/Win 7 or 10	\$150.00 Show Price	_____	_____
B&W Printer (Guarantee 500 Copies)	\$150.00 Show Price	_____	_____
Wireless Headset Mic/Mixer/2 Speakers	\$900.00 Show Price	_____	_____
Wireless Hand Held Mic/Mixer/2 Speakers	\$900.00 Show Price	_____	_____
Laptop Audio/2 Speakers	\$150.00 Show Price	_____	_____

Call for pricing on any equipment not listed

Delivery Date: _____	Time: _____	Equipment Total	_____
Pickup Date: _____	Time: _____	Tax @ 7.95%	_____
Booth Name/Number: _____		Labor	\$125.00
		Subtotal:	_____
Contact Name _____		Service Charge	_____
Cell # _____		(6% of Subtotal)	_____
		Grand Total	_____

Orders must be received by June 16th any orders placed after the June 16th will be charged a \$75.00 late fee.

Contact: Mike Coultas • Voice: (636) 978-1005 • Email: mcoultas@av-ps.com

EQUIPMENT ORDERS MUST BE CANCELLED 72-HOURS PRIOR TO DELIVERY OR WILL BE SUBJECT TO 100% FEE.

Audiovisual Credit Card Authorization Form

I hereby certify that I am the Card member or Authorized User with signature rights to the credit card referenced below. I acknowledge receipt of audio visual/computer goods and/or services from AVPS/Technology Express, Inc. I authorize AVPS/Technology Express, Inc. to charge all costs associated with these goods and/or services to the below referenced credit card. Itemization of all charges made to this card will be sent to billing address provided below. I agree to perform all the obligations set forth in the Card member's agreement with issuer.

Signature _____

Printed Name _____

Please provide the information below exactly as it appears on the card.

Credit Card Number _____

Expiration Date _____ V Code (On Signature Line) _____

Card members Name _____

Credit Card Billing Address

Phone Number _____

Fax Number _____

Company Name _____

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Audio Video Production Solutions/Technology Express, Inc.

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O Fallon, MO 63366

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Cities located in:

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