

AUDIO-VISUAL SERVICES
ORDER FORM

JOHN S. KNIGHT CENTER

77 EAST MILL STREET, AKRON, OH 44308
330.374.8900 800.245.4254 Fax 330.374.8825

EVENT NAME: _____

BOOTH NUMBER: _____ E-MAIL: _____

COMPANY NAME: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: (____) _____

ADDRESS: _____

FOR OFFICE

USE ONLY EVENT ID: _____

DATE RECEIVED: _____

TO ASSURE AVAILABILITY OF EQUIPMENT ALL ORDERS MUST BE PLACED AND PAID IN FULL TEN (10) BUSINESS DAYS PRIOR TO FIRST MOVE-IN DATE

For any Audio Visual equipment or service not listed, please contact the John S. Knight Center Operations Dept. A minimum one (1) hour technician charge per room may be assessed for delivery/pick-up & set-up/tear-down, at prevailing technician rates. (Selection and/or use of equipment may require additional equipment to be properly functional.)

	<u>Equipment</u>	<u>No. of Days</u>	<u>Qty</u>	<u>Daily Rate</u>	<u>Total</u>
COMPUTER	Laptop / PC	_____	x	_____ x \$ 125.00	= \$ _____
SCREENS	96" x 96" Tripod Screen	_____	x	_____ x \$ 25.00	= \$ _____
	6' x 8' Fast-Fold Screen (4:3)	_____	x	_____ x \$ 50.00	= \$ _____
	7.5' x 10' Fast-Fold Screen (4:3)	_____	x	_____ x \$ 60.00	= \$ _____
	7' x 12' Fast-Fold Screen (16:9)	_____	x	_____ x \$ 60.00	= \$ _____
	10.5' x 14' Fast-Fold Screen (4:3)	_____	x	_____ x \$ 90.00	= \$ _____
	9' x 16' Screen (16:9)	_____	x	_____ x \$ 90.00	= \$ _____
	Drape Dress Kit 7.5' x 10' Fast-Fold Screen	_____	x	_____ x \$ 65.00	= \$ _____
	Dress Kit for 7' x 12' Fast-Fold Screen	_____	x	_____ x \$ 65.00	= \$ _____
	Dress Kit for 10.5' x 14' Fast-Fold Screen	_____	x	_____ x \$ 85.00	= \$ _____
	Drape Dress Kit 9' x 16' Screen	_____	x	_____ x \$ 85.00	= \$ _____
VIDEO MONITORS	15" LCD Flat Screen Monitor	_____	x	_____ x \$ 35.00	= \$ _____
	20" HD1080 LCD Flat Screen Monitor	_____	x	_____ x \$ 100.00	= \$ _____
	46" HD1080 LCD Flat Screen Monitor	_____	x	_____ x \$ 150.00	= \$ _____
VIDEO PROJECTORS	2200 Lumen Data Projector	_____	x	_____ x \$ 225.00	= \$ _____
	3000 Lumen WXGA Data Projector	_____	x	_____ x \$ 250.00	= \$ _____
	4700 Lumen Data Projector	_____	x	_____ x \$ 700.00	= \$ _____
	8000 HD1080 Projector	_____	x	_____ x \$ 700.00	= \$ _____
BLU RAY / DVD	Blu Ray / DVD Player	_____	x	_____ x \$ 35.00	= \$ _____
SOUND SYSTEM	Microphone, 2 Speakers, Stands, Basic Cables	_____	x	_____ x \$ 110.00	= \$ _____
MICROPHONES	Wired Microphones: Lavalier, Headset, Handhel	_____	x	_____ x \$ 10.00	= \$ _____
	Wireless Microphones: Lavalier, Headset, Hand	_____	x	_____ x \$ 65.00	= \$ _____
SUBTOTAL:					= \$ _____
6.75% SALES TAX:					= \$ _____
GRAND TOTAL DUE:					= \$ _____

PRICES ARE BASED ON CURRENT RATES AND ARE SUBJECT TO CHANGE WITHOUT NOTICE

CREDIT CARD AUTHORIZATION & PAYMENT FORM
IF FAXING, PLEASE DO NOT DUPLICATE BY MAILING THE COPIES



EMAIL TO: orders@visitakron-summit.org

or

MAIL TO: John S. Knight Center

Attention: Finance Department

77 East Mill Street, Akron, OH 44308

Telephone - 330.374.8900 Toll Free - 800.245.4254 Fax - 330.374.8825

www.johnsknightcenter.org

I, the undersigned cardholder, give the John S. Knight Center, Akron, OH, USA authorization to charge my credit card for the amount totaling \$ _____ (US Currency).

IMPORTANT CONDITIONS AND REGULATIONS

PAYMENT NOTICE:

1. PRE-ORDER RATES APPLY ONLY TO ORDERS RECEIVED AND PAID IN FULL 10 BUSINESS DAYS PRIOR TO THE FIRST SCHEDULED MOVE-IN DAY.
2. ON-SITE RATES must be paid at move-in for all other orders. NO EXCEPTIONS.
3. ALL ORDERS MUST BE PAID IN FULL WITH U.S. FUNDS BY OPENING OF FIRST DAY OF EVENT.
4. A minimum \$30.00 fee will be charged for each Returned Check.

CONDITIONS FOR PROCESSING SERVICE ORDER FORMS

1. Payment in FULL, IN U.S. FUNDS must accompany service order form.
2. All information must be completed in full for order to be processed. Incomplete forms delay processing which results in delayed service installation.
3. State Sales Tax will be charged on every taxable order that is not submitted with a completed Certificate of Exemption Form.
4. No Service will be installed until payment is received.
5. Cancellations: Refunds will be computed as follows:
 - 1) After installation – NO REFUND
 - 2) Refunds will be given on pre-orders up to 3 days prior to move-in of event

To be completed by Cardholder:

Please complete all areas below. **Incomplete requests will be rejected and orders will not be processed.** The Center reserves the right to decline acceptance of any card-not-present transaction at its discretion.

Corporate Card Personal Card

Cardholder Name: _____ Company: _____

Credit Card Billing Address: _____

City: _____ State/Province: _____ Zip/Postal code: _____

Country: _____

Daytime Telephone: _____ Fax Number: _____

E-mail: _____

Check One: Visa MasterCard American Express Discover

Card Number: _____ Exp Date: _____

CID Number: _____ Visa/MC/Disc: Last 3 digits located on card back in signature panel Amex: 4-digit number located on card front right

Typed Signature of Cardholder: _____ Date: _____