



**Prestige AV at KEC**  
 937 Phillips Ln, Louisville, KY 40209  
 Email: [kec@prestigeav.com](mailto:kec@prestigeav.com)  
 Office: (502)-709-0172

# Exhibitor AV Order Form

Prestige Audio Visual & Creative Services  
 KENTUCKY VENUES



**Prestige AV at KICC**  
 221 S. 4<sup>th</sup> St, Louisville, KY 40204  
 Email: [kicc@prestigeav.com](mailto:kicc@prestigeav.com)  
 Office: (502)-715-4873

Complete this form online at <https://www.cognitofrms.com/PrestigeAVCreativeServices2/exhibitoravorderform>

Video Equipment	Advance Show Rate	Expo Rate <14 days before expo start	Floor Rate <3 days before expo start	Item Quantity	Subtotal Rate x Quantity
32" Flat Panel Monitor 16:9 ratio XGA	\$250	\$325	\$350		
42" Flat Panel Monitor 16:9 ratio XGA	\$350	\$400	\$425		
55" Flat Panel Monitor 16:9 ratio XGA	\$450	\$585	\$610		
65" Flat Panel Monitor 16:9 ratio XGA	\$600	\$780	\$805		
80" Flat Panel Monitor 16:9 ratio XGA	\$1450	\$1885	\$1910		
Media Player with USB or SD Card reader	\$60	\$80	\$90		
Monitor Pole Stand with Shelf	\$115	\$150	\$185		
Monitor Pole Stand without Shelf	\$100	\$125	\$150		
Monitor Wall Mount	\$50	\$75	\$100		
<b>Audio Equipment</b>					
Two Speaker Sound System (two 8" speakers and stands)	\$200	\$260	\$285		
Two Speaker Sound System with Wireless Microphone	\$300	\$390	\$415		
Two Speaker Sound System with Wired Microphone	\$225	\$290	\$315		
Additional Wireless Mic	\$150	\$195	\$220		
Laptop/Media player audio adapter	\$35	\$45	\$50		
<b>Computer Equipment</b>					
24" LCD Flat Panel Monitor	\$175	\$225	\$250		
Notebook: Core i5, Win 7, 4gb Ram, 15.6" Display	\$200	\$260	\$285		
Laser Printer (Black and White)	\$175	\$225	\$250		
<b>Presentation Equipment</b>					
Presentation Easel	\$15	\$20	\$25		
Flipchart Easel with Markers	\$30	\$40	\$45		
34" Skirted AV Cart w/ Power Strip	\$30	\$40	\$45		
Wireless Presenter Mouse with built-in Laser Pointer	\$30	\$40	\$45		

<b>Subtotal</b>	
<b>\$75 Set Up/Delivery Labor</b>	\$75.00
<b>Ky Venues Service Charge</b>	<b>20%</b>
<b>Kentucky Sales Tax</b>	<b>6%</b>
<b>TOTAL</b>	<b>\$</b>

- Tax will be charged on all orders without a valid Tax Exempt Form
- A 20% Service Charge will apply to all orders
- Cancellations without 48 hour notice will be charged 50% of total.
- Onsite cancellations will not be refunded.
- When this form is complete, we will forward a formal quote with a secure payment link
- Booth representative must be present in booth when equipment is delivered.
- **If payment is not completed prior to delivery time, equipment will not be delivered.**
- Client is required to supply all necessary adapters for laptops without an HDMI connection

### Required Customer & Delivery Information

<b>Company Name:</b> _____	<b>Billing Address:</b> _____
<b>Onsite Contact Name:</b> _____	_____
<b>Booth or Room No.:</b> _____	<b>City:</b> _____
<b>Cell phone:</b> _____	<b>State:</b> _____
<b>Email:</b> _____	<b>Zip code:</b> _____
<b>Requested Delivery Date:</b> _____ <b>Time:</b> _____	
<b>Requested Pickup Date:</b> _____ <b>Time:</b> _____	

Please complete and submit a Client Information form with all billing information to [kicc@prestigeav.com](mailto:kicc@prestigeav.com) or [kec@prestigeav.com](mailto:kec@prestigeav.com)

**Corporate Office: 4835 Para Drive, Cincinnati, OH 45237 Phone (513) 641-1600 Fax (513) 641-3200 Toll Free (800) 294-3179**

**NEW CLIENT FORM**

Primary Contact Name: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Primary Contact Phone (o): \_\_\_\_\_

Primary Contact Phone (m): \_\_\_\_\_

Shipping/Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Invoice Contact Name: \_\_\_\_\_

Invoice Company Name: \_\_\_\_\_

Invoice Email: \_\_\_\_\_

Invoice Phone: \_\_\_\_\_

Invoice Fax: \_\_\_\_\_

Invoice Address (if different): \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred manner to receive invoices:  Email  Mail  Fax

Show Information

Show Name: \_\_\_\_\_

Exhibiting Company Name : \_\_\_\_\_ Booth Number: \_\_\_\_\_

Exhibition Space: \_\_\_\_\_ Booth Size: \_\_\_\_\_ x \_\_\_\_\_

Exhibitor Move-In Date/Start Time: \_\_\_\_\_

Exhibitor Move Out Date/Start Time: \_\_\_\_\_

Onsite Contact Name: \_\_\_\_\_

Onsite Contact Phone: \_\_\_\_\_