

# EXHIBITOR SERVICES

Create the ultimate brand experience with a sensory-rich environment that drives attendee interest.



NAME OF CONFERENCE		START DATE	END DATE	NO. OF EVENT DAYS
ORGANIZATION NAME		ON-SITE CONTACT NAME		ROOM/EXHIBIT BOOTH NO.
STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	DELIVERY DATE	DELIVERY TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	PICKUP DATE	PICKUP TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
EMAIL ADDRESS		ORDERED BY		

**ORDERING INSTRUCTIONS:** To guarantee equipment availability and advanced-rate pricing, place your order at least 21 days prior to delivery. Operator labor, if requested, is subject to the prevailing hourly rate with a four-hour minimum. An electronic receipt will be emailed to you. The total charge per item is determined by multiplying the price by the quantity ordered by the days rented. Please include applicable Sales Tax on equipment rental.

**PSAV WILL CONTACT YOU DIRECTLY FOR PAYMENT INFORMATION. PRICING IS PER DAY.**

**Tax Exempt Status** – If you are exempt from payment of sales tax, we require you to forward an exemption certificate for the state in which the services are to be provided.

**Cancellations** – Cancellations received within 48 hours of the scheduled delivery date are subject to a 50 percent fee applicable to equipment and tax. Cancellations received on the day of scheduled delivery or “no shows” are subject to the full amount of the order, including installation, drayage and tax. Labor and/or service charges may apply and/or loss damage waiver.

**Shipping Instructions** – Mark any materials sent to the venue as follows:

1. Address Packages to: The Peabody Memphis, 149 Union Ave., Memphis, TN 38103
2. Hold for Arrival - Attn: Guest's Name and/or Organization
3. Complete Return Address
4. Number of Boxes (ex: Box 1 of 2, Box 2 of 2)

**Form Submission** – Email completed forms to: [srokas@psav.com](mailto:srokas@psav.com).

## MONITORS

	PRICE	QTY	DAYS	TOTAL
■ 24" Monitor	\$ 200	_____	_____	\$ 0
■ 32" LCD monitor	\$ 400	_____	_____	\$ 0
■ 55" LCD monitor	\$ 830	_____	_____	\$ 0
□ Dual-post stand				
■ 70" LCD monitor				
□ Dual-post stand				

Please contact PSAV for quote

## ACCESSORIES

	PRICE	QTY	DAYS	TOTAL
■ Laptop	\$ 235	_____	_____	\$ 0

## INTERNET

	PRICE	QTY	DAYS	TOTAL
■ Wired internet connection	\$ 180	_____	_____	\$ 0
■ Wireless internet connection	\$ 25	_____	_____	\$ 0
■ Dedicated bandwidth				

Please contact PSAV for quote

## RIGGING

All rigging requests should be placed using the [Rigging Request Form](#).

## CUSTOM ITEMS

	PRICE	QTY	DAYS	TOTAL
■ _____	\$ _____	_____	_____	\$ 0
■ _____	\$ _____	_____	_____	\$ 0
■ _____	\$ _____	_____	_____	\$ 0
■ _____	\$ _____	_____	_____	\$ 0
■ _____	\$ _____	_____	_____	\$ 0

## SPECIAL REQUESTS

Please add any items not listed above that you require.

### PSAV® Representative

The Peabody Memphis  
149 Union Ave., Memphis, TN 38103

■ office: 901.261.4402 ■ email: [srokas@psav.com](mailto:srokas@psav.com)





Dear Exhibitor,

Please complete this form for the on site electrical order for your exhibit booth or tabletop. Also, please complete the attached credit card authorization form.

Qty.	Service	Unit Price	Tax	Total
	20 amp power strip	\$75.00	\$6.94	\$81.94
				\$

\*\*On site electrical order is \$100 plus tax of \$9.25.

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

Guest/Exhibitor Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Function Room: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Booth# \_\_\_\_\_

**\*\*\*Please complete the attached credit card authorization\*\***

# The Peabody Memphis

## Credit Card Authorization

**SECURE FAX for GROUP MEETINGS 901-271-1480**

**Group Scan/Email [pamela.walker@peabodymemphis.com](mailto:pamela.walker@peabodymemphis.com)**

I, \_\_\_\_\_, hereby authorize The Peabody Hotel to charge my credit card for payment of all hotel services listed below.

I also understand that, unless otherwise specified, the listed credit card will be charged for **all** hotel services.

Guest Name / Group Name: \_\_\_\_\_

Hotel Stay Dates: From \_\_\_\_\_ To \_\_\_\_\_

Specific Charges: **Room & Tax Y N** **Incidentals: Y N** **Banquets: Y N**

**Hotel Service Fee: Y N** **Tourism District Improvement Fee: Y N**

**Other Services: Y N** **Deposit Amount: \_\_\_\_\_**

**Specific Other Services:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

### HOTEL USE ONLY

Date: \_\_\_\_\_

Estimated Charges: \_\_\_\_\_ Peabody Representative \_\_\_\_\_

Card Holder's Name (print): \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp# \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

Card Holder's Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_

Card Holder's Email : \_\_\_\_\_

- **Credit card number and holder's name, and other data must be legible.**
- **All items on this form must be completed in order to process authorization.**
- **Estimated charges will be pre-authorized five business days prior to arrival.**