



EXHIBITOR AV AND ELECTRICAL ORDER FORM
2019 CHA Annual Meeting
September 18th – 20th

Return form by Friday, August 30th, 2019 to Gabrielle Chaloux

Email: vailexhibitor@marriott.com

Fax: 970.479.6996 Questions? 970.479.5010

COMPANY NAME _____ **Booth #** _____

If you need more power than what is included in your exhibitor fee or additional audio visual needs, please complete the below:

Qty	ITEM DESCRIPTION	DAILY COST	# OF DAYS	TOTAL COST
	55" LED TV	\$350.00		
	High Speed Wireless Internet (10 MBPS) **available for purchase at the front desk**	(1) User \$14.95	N/A	N/A
	(1) 20 V Circuit	\$30.00		
	Power Strip	\$8.00		
	Other (Please describe. Vail Marriott will contact you with pricing)			
	**SUB-TOTAL			

* Custom internet configurations please call (970) 479-6945 or email nwilczynski@psav.com

If your power needs are greater than a standard outlet please describe what you are powering and if you will be providing cables etc.

*** This is the cost prior to the 24% taxable service charge and sales tax of 8.4%

Group Name
Group Dates



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Payment information only needs to be completed and returned if you are not a guest of the hotel or if you wish to pay with an alternate method of payment than what is being used to cover guest room charges.

Payment information must be provided for audio-visual equipment rented, electricity utilized, and packages shipped in and out prior to arrival.

Boxes cannot be delivered to your table or shipped out until payment method has been received.

Company Name _____	Phone* _____
Billing Address _____	
City, State, Zip _____, _____, _____	
Ordered by _____	
Payment method: _____ VISA _____ MC _____ AMEX _____ DISCOVER _____ GUEST ROOM	
Last 4 digits of credit card* _____	
Expiration Date _____	
Name on Card _____	
Cardholder Signature _____	

*Please provide a phone number where the card holder can be reached to receive the entire credit card number as we are unable to receive the full number on this form due to PCI Compliance.

*Accounting Office Use Only: _____

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