

# PRESENTER AUDIO VISUAL ORDER FORM

## 2025 NAEYC ANNUAL CONFERENCE Orange County Convention Center, Orlando, FL November 19-22, 2025

### EQUIPMENT INFORMATION

THE FOLLOWING REFLECTS A PARTIAL LISTING. IF YOU HAVE A SPECIAL REQUEST, OR NEED INFORMATION, PLEASE NOTE BELOW OR CALL (212) 575-2500

### AUDIO VISUAL PACKAGES

EQUIPMENT	DAILY COST	QUANTITY	TOTAL
46" HD Monitor W/Stand	\$ 525.00	_____	
Tripod Screen W/Black Skirt	\$ 110.00	_____	
Floor Stand	\$ 125.00	_____	
Laptop Computer	\$ 275.00	_____	
Flipchart Pad & Markers	\$ 95.00	_____	
54" Projection Cart	\$ 50.00	_____	
Laser Pointer	\$ 50.00	_____	
Video Projector HB	\$ 600.00	_____	
Miscellaneous Equipment	CALL	_____	
EQUIPMENT TOTAL			
Delivery/Set-up/Pickup: 25%			
TOTAL			

PAYMENT METHOD:

☐ Check/Money Order

☐ AMEX ☐ VISA ☐ MASTERCARD ☐ OTHER

NAME AS IT APPEARS ON CARD

MONTH YEAR

Signature

Date

CREDIT CARD NUMBER: do not leave spaces between numbers.

SECURITY CODE

EXPIRATION DATE

I ALSO AUTHORIZE CHARGING ANY UNPAID BALANCE TO MY CREDIT CARD. CARD EXPIRATION DATE MUST BE VALID THROUGHOUT THE EVENT LISTED ABOVE.

1. Payment is due in advance. A 20% surcharge will be assessed after due date.
2. Please note, there will be a late fee charge after the deadline date.
3. There will be a one-day charge for orders cancelled within 72 hours of delivery date.
4. RENTAL AGREEMENT: It is understood and agreed that the customer is renting the equipment for a specific period only and is responsible for its safe return. Customer agrees to be billed for any damage or loss of equipment other than caused by normal operation.

Please return form by: **October 28, 2025**

### NOTES:

ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Speaker's Name \_\_\_\_\_ Mobile # \_\_\_\_\_

### LOCATION:

☐ Orange County Convention Center

Session Title \_\_\_\_\_ Session ID # \_\_\_\_\_

Meeting Room \_\_\_\_\_

DELIVERY DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PICK-UP DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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

**RETURN FORM TO:**  
**EXECUTIVE AUDIO VISUAL SERVICES, INC.**  
**100 Park Ave., 16th Floor, New York, NY 10017**  
**ATTENTION: MARIO JEAN**  
**E-mail: [orderforms@executiveavs.com](mailto:orderforms@executiveavs.com)**