




PROjection Presentation Technology  
IN- HOUSE SERVICE PROVIDER



NAEYC Annual Conference  
November 14-17, 2018

Walter E. Washington Convention Center  
Meeting Room (Audio ) Order Form

Audio-Video Equipment	Qty	Rate (daily)	Total	Required Delivery Information
Wireless UHF Lavalieri Microphone		\$175		Room:
Wireless UHF Hand Held Microphone		\$175		
Table Top Microphone		\$45		Session Date:
Standing Microphone		\$45		
Computer Audio Patch		\$75		Session Time:
*Audio Technician (4 Hour Minimum)		\$90/hr		Required Customer Information
*Required if (5) or more total microphones must include existing microphones				
Additional Microphones may require an upgraded audio mixer - TBD				Company Name:
				Address:
				City:
				State: Zip Code:
Other Equipment:				Ordered By:
				Telephone:
				Fax:
				e-Mail:
<b>Totals</b> PAYMENT IS DUE WHEN ORDER IS PLACED				<b>Ordering Instructions</b> <ul style="list-style-type: none"> <li>⇒ Charges for requested items selected are Per Room Per Day</li> <li>⇒ Applicable <b>Sales Tax</b> is applied unless the order is accompanied by a <b>Tax Exempt Certificate</b> for the <b>State of Venue</b>.</li> <li>⇒ <b>Installation / Dismantle Fee</b> includes delivery, install, maintenance, and dismantle.</li> <li>⇒ <b>Cancellation</b> of equipment ordered must be received <b>72 hours prior</b> to delivery date to avoid a one day charge. If delivered, <b>100%</b> of charges will apply.</li> <li>⇒ Call 202-249-3700, <b>Exhibit Services</b>, or e-Mail <b>ddisspain@projection.com</b> with questions, concerns, or additional requirements.</li> </ul>
EQUIPMENT TOTAL:	1			
DELIVERY/SET-UP/PICKUP: 35% of line 1	2			
Audio Technician Labor (if required line 17)	3			
SUBTOTAL:	4			
STATE SALES TAX: 5.75% of line 1 only	5			
TOTAL DUE:	6			
<b>Method of Payment</b> PLEASE CHECK ONE				<b>Processing</b> Fax Form To: <b>WCC Services @ 1-866-728-5938</b>  or E-Mail: <b>wcc_exhibits@projection.com</b>  <b>Washington Convention Center</b> 801 Mount Vernon Place, NW, Washington, DC PH 202-249-3700 FAX 202-249-3716 <a href="mailto:ddisspain@projection.com">ddisspain@projection.com</a>
Card Number:	MasterCard	<input type="checkbox"/>	Visa	
CV Code: Exp Date / .	American Express	<input type="checkbox"/>		
Cardholder's Name (as appears on card):	Check ( US Only)	<input type="checkbox"/>	Wire Transfer (US)	
Cardholder's Signature:		<input type="checkbox"/>		