



Meeting Room AV Rental Request

Venue: Hyatt Regency Grand Cypress, Orlando, FL

Session Name: _____ Room: _____

Room Available for AV Setup Date: _____ Time: _____

Meeting Date: _____ Start Time: _____ End Time: _____

Meeting Date: _____ Start Time: _____ End Time: _____

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If requesting a multi-day rental in the same room, please note that equipment may be removed each evening for security purposes, so please supply START and END times for each day of use.

Deadline for Advance Orders: *January 25, 2019* (Onsite orders are subject to a 50% rush surcharge)

Quantity	Equipment Rentals	Daily Rate	Days Used	Subtotal
	LCD Projector	\$ 350		\$
	7' Tripod Screen with Skirt	\$ 45		\$
	PC Laptop w/ CD/DVD Drive	\$ 100		\$
	55" Flat Screen LCD Monitor <i>(Includes floor monitor stand)</i>	\$ 500		\$
	Audio Sound System <i>(Includes mixer and speakers only. Please choose microphone(s) below.)</i>	\$ 225		\$
	Podium Microphone <i>(Requires Audio Sound System)</i>	\$ 35		\$
	Panel Table Microphone <i>(Requires Audio Sound System)</i>	\$ 35		\$
	Wireless Lapel Microphone <i>(Requires Audio Sound System)</i>	\$ 145		\$
	Wireless Handheld Microphone <i>(Requires Audio Sound System)</i>	\$ 145		\$
	Computer Audio Interface <i>(Requires Audio Sound System)</i>	\$ 35		\$
	Flip Chart <i>(Includes Pad and Markers)</i>	\$ 45		\$
Subtotal				\$
<i>Special ASTA Conference 30% Discount on Equipment</i>				-
<i>Technical Labor for Initial Setup and Final Removal</i>				\$ 130.00
Total				\$

Credit Card Number: _____

AMEX MC Visa Expiration Date: _____ CCV (4 digits on front of AMEX, 3 digits on back of MC or Visa): _____

Cardholder's Name (as it appears on card): _____

Company Name: _____

Cardholder's Billing Address: _____

Cardholder's Phone Number: _____ Cardholder's email Address: _____

Customer Name (name to appear on invoice): _____

On-site Contact: _____

On-site Cellphone Number: _____ On-site email Address: _____

Purchase Order Number: _____

Special Instructions: _____

I, (please print) _____, certify the above information to be true and correct to the best of my knowledge. As the cardholder, I am authorizing the above credit card account to be charged for the attached order and any additional amounts incurred as a result of all show site changes ordered by my representatives and/or place my card on file for security deposit purposes in the event of payment default, cancellation fees or damages/losses owed per Condor Communications terms and conditions.

Signature _____ Date _____

Return this form to:



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 Rockville, MD 20853
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 exhibits@condorcom.com