



8521 Hanover Industrial Drive
 Columbia, IL 62236
 Phone: 618-504-1250
 FAX: 877-220-0676
 www.avsc.net



Display Equipment		SHOW RATE		Total	Customer Information	
Qty		Advanced	On Site			
20" LED Monitor		\$100.00	\$120.00		Firm Name:	
24" LED Monitor		\$150.00	\$180.00		Address:	
32" LED Monitor		\$200.00	\$240.00		City:	
42" LED Monitor		\$300.00	\$360.00		State:	Zip:
50" LED Monitor		\$375.00	\$450.00		Ordered by:	
60" LED Monitor		\$550.00	\$660.00		Telephone #:	
80" LED Monitor *** (Delivery \$150.00)		\$2,500.00	\$3,000.00		Fax #:	
LCD Projector (3200 Lumens)		\$350.00	\$420.00		Orders received less than 7 days prior to event start will be subject to AVAILABILITY and will be charged ON-SITE RATE	
DVD Player		\$50.00	\$60.00			
Laptop Computer / PIV Windows / Office XP		\$125.00	\$150.00			
Audio Equipment		SHOW RATE		Total	Ordering Instructions	
Qty		Advanced	On Site			
PC Audio		\$65.00	\$78.00		To guarantee equipment availability and advanced rate, this order should reach us 14 days prior to delivery.	
Wireless Microphone: Handheld or Lavalier (circle One)		\$150.00	\$180.00			
Wired Mic - Handheld		\$25.00	\$30.00			
Wired Mic - Lavalier		\$35.00	\$42.00			
Powered Speaker w/stand (Large)		\$85.00	\$102.00			
Powered Speaker w/stand (Small)		\$50.00	\$60.00			
Miscellaneous		SHOW RATE		Total	CANCELLATIONS:	
Qty		Advanced	On Site			
54" Rolling Cart w/Black Skirt		\$50.00	\$60.00		A) Cancellation of equipment must be received 48 hours prior to delivery to avoid a minimum one day charge. B) If services have already been provided at the time of cancellation, 100% of original charges will be applied.	
Wall Mount for Monitor		\$100.00	\$120.00			
Floor Stand for Monitor		\$200.00	\$240.00			
Projection screen - Tripod - 6', 7', or 8' (circle one)		\$65.00	\$78.00			
Other						
<i>*Other equipment available - please call!</i>					TSCRA 2022	
Rental Totals		PAYMENT IS DUE WHEN ORDER IS PLACED			Delivery Information	
EQUIPMENT TOTAL	1				On-Site Contact:	
Delivery & Pickup Minimum \$75.00	2				Cell Phone #:	
TOTAL DUE	3				Booth #:	Room #
					Delivery Date:	Time:
					Pickup Date:	Time:
Method of Payment		Please Check One			FAX TO AVSC for Processing	
Card Number:						
	CVV	Exp Date	/			
Cardholder's Name (as appears on card):		American Express	<input type="checkbox"/>			
Cardholders Signature:		Mastercard	<input type="checkbox"/>			
Billing Address For Credit Card:		Visa	<input type="checkbox"/>		FAX: 877.220.0676 or email: angel@avsc.net	
		Check	<input type="checkbox"/>			