



THE COSMOPOLITAN
of LAS VEGAS

EMAIL OR FAX FORMS TO:

PSAV®

3708 Las Vegas Boulevard South, Las Vegas, NV 89109

Phone: 702.698.1300 Fax: 866.505.9645

QUESTIONS OR NEED A RECEIPT? EMAIL: cosmopolitanexpo@psav.com

BOOTH NUMBER

| | | | | | |
|----------------------------------|--|--------------|----------------|-----------|--|
| EVENT NAME: | | EVENT DATES: | | LOCATION: | |
| EXHIBITING COMPANY NAME: | | | | | |
| BILLING NAME AND STREET ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP CODE: | |
| TELEPHONE NUMBER: | | | EMAIL ADDRESS: | | |
| ORDERED BY: | | | | | |

BY SIGNING AND DELIVERING THIS FORM CUSTOMER AGREES TO ALL TERMS AND CONDITIONS ON THIS FORM.
PLEASE READ THIS FORM THOROUGHLY FOR ALL INSTRUCTIONS PRIOR TO PLACING ORDER.

NO CHECKS ACCEPTED

INTERNET SERVICES FORM

| SHARED BANDWIDTH DAILY – WIRED | QTY | ADVANCED ORDER PRICE | LATE ORDER PRICE |
|-----------------------------------|-----|----------------------|------------------|
| Initial Wired Connection | | \$295.00 | \$375.00 |
| Additional Wired | | \$90.00 | \$115.00 |
| SHARED BANDWIDTH DAILY – WIRELESS | QTY | ADVANCED ORDER PRICE | LATE ORDER PRICE |
| Initial Wireless Connection | | \$50.00 | \$65.00 |
| Additional Wireless | | \$35.00 | \$50.00 |

| SHARED BANDWIDTH WEEKLY (3-5 DAYS) WIRED | QTY | ADVANCED ORDER PRICE | LATE ORDER PRICE |
|---|-----|----------------------|------------------|
| Initial Wired Connection | | \$750.00 | \$950.00 |
| Additional Wired | | \$225.00 | \$285.00 |
| SHARED BANDWIDTH WEEKLY (3-5 DAYS) WIRELESS | QTY | ADVANCED ORDER PRICE | LATE ORDER PRICE |
| Initial Wireless Connection | | \$150.00 | \$195.00 |
| Additional Wireless | | \$105.00 | \$150.00 |

| | | |
|---|---------------|----|
| LABOR RATE: ADDITIONAL LABOR MAY BE REQUIRED TO RUN MULTIPLE LINES. OVERTIME RATES WILL APPLY FOR ON-SITE ORDERS | SUBTOTAL | \$ |
| | LABOR | \$ |
| TO RECEIVE ADVANCE PRICING PSAV MUST RECEIVE YOUR ORDER, WITH CREDIT CARD INFORMATION, FOURTEEN (14) DAYS PRIOR TO SHOW OPENING, ALL OTHER ORDERS WILL BE PROCESSED AT THE LATE ORDER PRICE | TOTAL | \$ |
| | DATES OF SHOW | |

LABOR: Labor between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday will be at the straight time labor rate. Labor before 8:00 a.m. and after 5:00 p.m., Monday through Friday, and all day Saturdays, Sundays and Holidays will be at the overtime rate. A minimum charge per booth of one hour for installation will apply to all booths requiring labor. Labor to disconnect will be based on one-half of the installation time and will be automatically applied to your invoice. A floor plan is needed in order to proceed with the network distribution from overhead or on the floor. Please indicate what type of labor assistance you will require by completing the appropriate information above. Please indicate dates you would like work to commence.

Wireless Internet connections will be included with booth.

Internet service is an exclusive service of **THE COSMOPOLITAN of LAS VEGAS.**

All prices are subject to change without notice.

2017





Technology Meets Inspiration

Credit Card Consent / Security Deposit Form

PSAV LOCATION NUMBER: _____ Property Name: _____

Credit Card Type: *American Express* ___ *Discover* ___ *MasterCard* ___ *Visa* ___

Credit Card Number: PSAV TO CALL FOR CREDIT CARD NUMBER

Expiration Date: _____

Cardholder's Name: _____

(As it appears on credit card)

Cardholder Billing Address: _____

ZIP Code: _____

Cardholder email address: _____

Cardholder's Phone Number: _____

Customer Name: _____

(Name as it should appear on the invoice)

Invoice/Order Number(s): _____ Customer PO: _____

(If a PO # is not provided use loc # and Order ID XXXX XXXX)

Invoice Amount: \$ _____

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 PSAV Terms and Conditions – See Terms and Conditions.

Signature _____ Date _____