



# Audio Visual Equipment Request

For Security reasons, this form is to be mailed or faxed. If you must email this form, please send to [KeystoneConfServices@vailresorts.com](mailto:KeystoneConfServices@vailresorts.com) without credit card information and then call 970-496-4142 to provide credit card information

**\*ALL RENTALS BASED ON AVAILABILITY**

| DESCRIPTION  | COST/DAY     | QUANTITY | DAYS | TOTAL COST |
|--|--------------|----------|------|------------|
| 52" HD LCD Television (built in speakers) W/Floor Stand                                    | \$425.00     |          |      |            |
| SafeLock / Projection Cart   | \$30.00      |          |      |            |
| LCD Data Projector (1080P , 4500 Lumens)   | \$500.00     |          |      |            |
| LCD Projection Package (1080P, tripod screen, necessary cables)                            | \$525.00     |          |      |            |
| Flipchart w/ Pad, Paper, and Markers   | \$65.00      |          |      |            |
| Flipchart Easel Only   | \$30.00      |          |      |            |
| Tripod Screen  | \$55.00      |          |      |            |
| <b>Computer Equipment</b>  |              |          |      |            |
| Computer Systems   | Upon Request |          |      |            |
| 24" LCD Flat Panel   | \$200.00     |          |      |            |
| Wired Internet Line<br>At Least 5Mb/s 2 Public IP address with DHCP, No Firewall           | \$500.00     |          |      |            |
| Wireless Internet provided by WanderingWifi,<br>Purchase online through splash page onsite | \$9.95       | N/A      | N/A  | N/A        |
| <b>Additional Equipment:</b>   |              |          |      |            |

CONFERENCE NAME : \_\_\_\_\_ CONFERENCE DATE(S): \_\_\_\_\_

YOUR EXHIBITING FIRM NAME: \_\_\_\_\_ ON SITE CONTACT: \_\_\_\_\_

BOOTH NUMBER: \_\_\_\_\_ EXHIBIT ROOM: \_\_\_\_\_ DATES OF SERVICE REQUESTED \_\_\_\_\_

EXHIBITOR ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

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

**PAYMENT:**

CREDIT CARD NUMBER:

EXP. DATE  
MONTH / YEAR

CCV/Security Code

\*\* I authorize charging any unpaid balance to my credit card

\_\_\_\_\_  
CARD HOLDER SIGNATURE

\_\_\_\_\_  
PRINT NAME

Email Address: \_\_\_\_\_

\*\*To receive a receipt please fill in the email address above