



**RENAISSANCE WASHINGTON DC DOWNTOWN HOTEL**

**EXHIBITOR AUDIO VISUAL FORM**

Exhibitor: \_\_\_\_\_ Conference Name: \_\_\_\_\_ Date of Form \_\_\_\_\_  
 Onsite Contact: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_  
 Booth #: \_\_\_\_\_ Setup Date: \_\_\_\_\_ Time: \_\_\_\_\_ Pickup Date: \_\_\_\_\_ Time: \_\_\_\_\_

QTY	EQUIPMENT	COST	# OF DAYS	TOTAL
	4' – 6' Standing Plasma Stand (the 50" Plasma can not be put on a stand)	\$100.00		
	37" Plasma Screen Monitor	\$350.00		
	42" Plasma Screen Monitor	\$450.00		
	50" Plasma Screen Monitor	\$550.00		
	55" LED Screen Monitor	\$750.00		
	60" LED Screen Monitor	\$850.00		
	Laptop Computer	\$225.00		
	Podium Package (for meetings only)	\$175.00		
	17" Flat Screen Computer Monitor	\$200.00		
	19" Flat Screen Computer Monitor	\$210.00		
	DVD Player	\$120.00		
	Hanging Small Banners	\$ 50.00	N/A	
	DID (direct –in-dial phone) (plus calls)	\$175.00		
	High Speed Wired Internet Line <b>(Tax Inclusive)</b>	\$125.00		
	Premium Wireless High Speed Internet (12-18 Mbps Total Bandwidth) <b>(Tax Inclusive)</b>	\$35.00		
	Power Strip/Extension Cord	\$30.00		

**\*\* ALL PRICES ARE ON PER DAY BASIS IN THE SAME BOOTH/ROOM AND ARE SUBJECT TO 24% SERVICE AND 5.75% DC SALES TAX.**

**\* For equipment not listed, please call the AV Department for Pricing**

**Billing Information: (please check one)**

- Hotel Master Account Acct# \_\_\_\_\_
- Hotel Guest Room  Personal Credit Card (See attached form)

\_\_\_\_\_  
 Authorized Signer (Print Name) Signature

<b>Total</b>	
<b>24% Service Fee</b>	
<b>Sub-Total</b>	
<b>5.75% Sales Tax</b>	
<b>Total</b>	

**NOTICE:** Please fax this form back to 202-682-3375 in care of the Audio-Visual Department. You must be present in the booth at delivery time to accept and secure equipment. Please bring a copy this form with you. Also call Audio Visual Dept. 202-962-4375 when you arrive to your booth. This communication contains information from Marriott International, Inc. that may be confidential. Except for personal use by the intended recipient, or as expressly authorized by the sender, any person who receives this information is prohibited from disclosing, copying, distributing, and/or using it. If you have received this communication in error, please immediately delete it and all copies, and promptly notify the sender. Nothing in this communication is intended to operate as an electronic signature under applicable law.



Please provide all the information requested below as a form of payment for all event charges as outlined in your Group Sales Agreement (Guest Rooms, Food & Beverage, AV, Miscellaneous, Service Charges and Taxes).

**Cardholder Information**

Name as it appears on the credit card: \_\_\_\_\_

Card type:       Visa     MC     Amex     Diners/CB     Discover     JCB

Account type:     Individual (personal credit card)

Corporate | Company Name: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Address:  
(where statement is mailed)  
\_\_\_\_\_

City, State and Zip: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

**Event Information**

Name of Event: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

\_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

Event Dates: \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize **RENAISSANCE WASHINGTON DC DOWNTOWN HOTEL** to collect payment for all authorized charges associated with this event by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only:  
Estimated Charges: \_\_\_\_\_ Folio # \_\_\_\_\_