

Name of Exhibitor: HT SRL
 Event: MATIA SPRING 2013
 Address: VIA MOSCOVA 13
20121 MILANO (ITALY)

Contact Person: MR. VELASCO* / MRS. RANA Title: SALES ACCOUNT / ADMINISTRATIVE SUPPORT
 Phone Number: 0039 02-2906663 Fax Number: _____
 Signature: Paola Lucia Date: 21/03/2013
 * 301/3325654

Audio Visual, Internet and Electrical Services Request Form

Name of Exhibitor: HT SRL

Please indicate which services you will require for your exhibit booth. All orders must be placed **One Month Prior to Start of Event (see your contact for the event you are vending at to get specific dates)**. Advanced payment is required at the time your order is placed. Payment may be in the form of a credit card or check. Direct bill applications will not be accepted for these services.

Electrical Outlets and Extension Cords:

20 Amp Circuit	<u>1</u>	@ \$50.00 per day	\$ <u>100.00</u>
30 Amp Circuit	_____	@ \$75.00 per day	\$ _____
40 Amp Circuit	_____	@ \$100.00 per day	\$ _____
3 prong Extension Cord	_____	@ \$10.00 per day	\$ _____

Audio Visual Equipment:

Video Display Package (32" HD LCD Flat Panel, DVD/VHS Player, Display Stand)	_____	@ \$295.00 per day	\$ _____
DVD Player	_____	@ \$50.00 per day	\$ _____
32" HD LCD Flat Panel	_____	@ \$200.00 per day	\$ _____
Compaq Laptop Computer	_____	@ \$200.00 per day	\$ _____
Flipchart Pad with Markers	_____	@ \$50.00 per day	\$ _____
Handheld Wireless Mic	_____	@ \$145.00 per day	\$ _____
Lavaliere Wireless Mic	_____	@ \$145.00 per day	\$ _____

Hard Wired Internet/Phone Line: **WIRELESS INTERNET COMPLIMENTARY**

Phone	_____	@ \$25.00 per day	\$ _____
Polycom Speaker Phone	_____	@ \$145.00 per day	\$ _____
Internet Line	<u>_____</u>	@ \$40.00 per day	\$ <u>_____</u>

Subtotal:	\$ <u>100.00</u>
Add 19% service charge	\$ <u>19.00</u>
Add 6% Sales Tax	\$ <u>6.00</u>
Total	\$ <u>125.00</u>

Exhibitor Address: VIA MOSCOVA 13 - 20121 MILANO (ITALY)
 Name of On-site Exhibitor Contact: MR. VELASCO ALEX
 Telephone Number: 301/3325654 Fax Number: _____
 Credit Card Number: _____ Expiration: _____

Name as it Appears on Card: _____
 Make Checks Payable to: Crowne Plaza Harrisburg Hershey

Please make sure the event you are vending at is noted in a letter.

Mail Checks to: 23 South Second Street, Harrisburg PA 17101 - Attn: Bradley Cropper

