

**Audio Visual Partners, Inc.**

5075 Forsyth Commerce Road  
Orlando, FL 32807  
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Contact: Steve Roberts/ Exhibit Sales

Email: Steve@avpusa.com

**"The resource for ALL your display needs!"**



**CAI CEO-MC Retreat**

October 14-16, 2026

San Antonio, TX

**EXHIBITOR RENTAL ORDER FORM**

DATA DISPLAY EQUIPMENT	QTY	"SHOW" RATE	TOTAL
24" LED Flatscreen Monitor (16:9 Aspect Ratio/ 1920x1080 Res.)	_____	\$200.00	_____
32" LED Flatscreen Monitor (16:9 Aspect Ratio/ 1920x1080 Res.)	_____	\$300.00	_____
40" LED Flatscreen Monitor (16:9 Aspect Ratio/ 1920x1080 Res.)	_____	\$375.00	_____
43" LED Flatscreen Monitor (16:9 Aspect Ratio/ 1920x1080 Res.)	_____	\$425.00	_____

VIDEO EQUIPMENT	QTY	"SHOW" RATE	TOTAL
Digital Media Player	_____	\$150.00	_____

COMPUTER SYSTEMS & PERIPHERALS	QTY	"SHOW" RATE	TOTAL
PC Laptop	_____	\$250.00	_____
MAC Laptop	_____	\$300.00	_____

**\* All prices listed are for the entire show and include Setup and Strike\***

We also have a full line of Audio and Video equipment. Please call for additional equipment rental needs !

**ORDERING INFORMATION**

\* Payment is due prior to show

\* All prices include setup and strike

\* Display monitors include HDMI cable, AC extension/powerstrip

\* You will receive a confirmation of your order

\* Technical assistance is just a phone call away

\* Client must be on site at time of delivery. Any re-attempted deliveries after set delivery time will result in an additional delivery charge

*Total Equipment* \_\_\_\_\_

*DeliveryPickup* \$150.00

*8.25% Sales Tax* \_\_\_\_\_

**TOTAL DUE** \_\_\_\_\_

**\*\*Drayage,Riggers,Carpenters, Electricians, or any applicable union charges will be billed directly to the exhibitor\*\***

**CUSTOMER INFORMATION**

Delivery Date: \_\_\_\_\_ Delivery Time: \_\_\_\_\_ Pickup Date: \_\_\_\_\_ Pickup Time: \_\_\_\_\_

Exhibitor /Company Name: \_\_\_\_\_ Booth Number: \_\_\_\_\_

OnSite Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholders Billing Zip Code: \_\_\_\_\_ Cardholders Signature: \_\_\_\_\_

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

**Email Completed Form to [steve@avpusa.com](mailto:steve@avpusa.com)**