



Exhibitor Order Form

Pricing expires 12/31/23

Show Name: _____ Show Date: _____

Vendor/Exhibitor Name: _____ Booth #: _____

Vendor/Exhibitor Phone: _____ Email: _____

AUDIO VISUAL

| | <u>PRICE</u> | <u>QTY</u> | <u>TOTAL</u> |
|--|-------------------|------------|--------------|
| 27" TV Monitor w/stand & 25ft. HDMI | _____ \$100 / Day | _____ | _____ |
| 43" TV Monitor w/stand & 25ft. HDMI | _____ \$250 / Day | _____ | _____ |
| 65" Monitor w/rolling stand & 25ft. HDMI | _____ \$300 / Day | _____ | _____ |
| High Speed Broadband Line (5MB) | _____ \$180 / Day | _____ | _____ |
| Laptop Computer | _____ \$350 / Day | _____ | _____ |
| Flipchart w/Markers | _____ \$50 / Day | _____ | _____ |
| Easel | _____ \$20 / Day | _____ | _____ |
| AV Cart w/extension cord | _____ \$40 / Day | _____ | _____ |
| Power strip/extension cord | _____ \$25 / Day | _____ | _____ |

ELECTRICAL

PRE ORDER CHARGE

| | |
|------------------------------------|-------------------|
| 120 Volts – Standard 20 Amps | _____ \$140 / Day |
| 208 Volts – Single Phase - 30 Amps | _____ \$350 / Day |

For 3 Phase power please contact Audio Visual @ 512-582-4799

GENERAL INFORMATION: Electrical and Exhibitor Order forms must be received at least ten (10) days prior to set up day. The "Day of Order" charge is for orders or additions received on show day. The electrician and AV technician will have a copy of your order. Cancellations within 24 hours of install date will be subject to a 50% charge.

ELECTRICAL ORDERS: Kalahari Resort requires that no electrical equipment or apparatus be connected unless it is UL listed. All splices must be installed in a metal closure to prevent emission of sparks. Please check your equipment for the amount of amps required. Divide the number of watts by the voltage (current) to determine amount of amperage.

TAX/SERVICE CHARGE: Please note that all orders are subject to 8.25% tax and 25% service charge.

METHOD OF PAYMENT:

I hereby authorize Kalahari Resorts & Conventions to use the credit card for full payment of order as indicated above.

Exact Name on Card _____ Company: _____

Credit Card Number: _____ Expiration: _____

Phone: _____ Email: _____

Billing Address: _____

Authorized Signature: _____ Print Name: _____

RETURN TO: CONFERENCE SERVICES Kalahari Resort & Convention Center 3001 Kalahari Blvd. Round Rock, TX 78665
EMAIL TO: RRCATERING@KALAHARIRESORTS.COM