



**Loews Hollywood Hotel  
Exhibit Request Form**

1755 North Highland Avenue  
Hollywood, CA 90028  
(P) 323-491-1007  
(F) 323-491-1061



Version 12.12.17

EQUIPMENT	QUANTITY	DAILY COST	SHOW DAYS	TOTAL
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**VIDEO AND PROJECTION PACKAGES**

50" Plasma Package – includes: 50" plasma monitor and stand		\$750.00		
Computer Display Package – includes: 3,600 lumen LCD projector, screen, stand w/ drape and all power & cabling		\$850.00		

**AUDIO / VIDEO EQUIPMENT**

DVD Player		\$95.00		
CD Player with speaker		\$175.00		
21" VGA Flatscreen Data Monitor		\$300.00		
Projection Support Package		\$250.00		
Small PA with wireless microphone		\$450.00		

**ACCESSORIES**

Wireless Slide Advancer		\$65.00		
Executive Laser Pointer		\$65.00		
Audio patch into house sound ( <i>requires hotel mixer</i> )		\$300.00		
Standard Flipchart w/ markers		\$75.00		
Whiteboard		\$75.00		

**INTERNET & PHONE**

Laptop Computer		\$350.00		
Wired Internet Access		\$300.00		
Wireless Internet Access		\$150.00		
DID Phone line (includes phone) - <i>usage charges will apply</i>		\$225.00		
House Phone		\$75.00		
Polycom phone		\$350.00		

**POWER**

5 Amp Service (basic power service) (power strip included)		\$90.00		
10 Amp Service (power strip included)		\$150.00		
20 Amp Service (power strip included)		\$250.00		
Add. Surge Protector and AC Power cable (power service not included)		\$35.00		

**All Equipment Rentals and Services are charged on a PER DAY basis. Additional equipment available upon request.**

Equipment total:  
Event Technology Support (23%):  
Sales Tax (9.5%):  
**Total:**

\*EQUIPMENT ORDERED ON SITE WILL BE CHARGED AT A 1.5 X DAILY RATE

\*ORDERS CANCELLED WITHIN 48 HOURS WILL INCUR A ONE-DAY CHARGE (PLUS INSTALLATION IF EQUIPMENT IS ALREADY SET UP).

\*Please fax to 323-491-1061 once completed or email (preferred): [padams@psav.com](mailto:padams@psav.com)

EXHIBITOR INFORMATION	BOOTH:	PAYMENT INFORMATION
SHOW NAME:		<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Diners
COMPANY NAME:		<input type="checkbox"/> American Express
EMAIL ADDRESS:		HOLDERS NAME (print):
ATTENTION:		CARD NUMBER:
ONSITE CONTACT:		
ADDRESS:		EXP DATE:
CITY, STATE, ZIP:		CARD ADDRESS:
INSTALLATION DATE:                      TIME:		
SHOW DATE:                                      TIME:		PHONE # ON CARD:
REMOVAL DATE:                                      TIME:		SIGNATURE:                                      DATE:

The customer agrees to pay in full for loss or theft of any equipment provided by PSAV. Pre-payment must accompany all orders unless prior arrangements have been made. Please note that we do not accept checks.