

Seminar Presenters Room Set-Up & Equipment Request Form



Return to:
Amanda DeHaven, Affinity Plus
1800 Camden Road
Suite 107 #213
Charlotte, NC 28203
Phone: 704-333-3234 Fax: 704-333-6927

For Operations Use
ONLY

Room Assignment: _____
Date: _____
Time: _____

Distribution:
_____ AV/Equipment
_____ Rooms
_____ Meals

Please return completed form by June 1, 2009. Retain a copy for your records.
Payment is DUE July 1, 2009 (ATTACH A COPY OF THIS FORM TO PAYMENT). Payment is needed to confirm any audio visual request.

Name Title of Function: _____

Day/Date of Function: _____ Time: _____

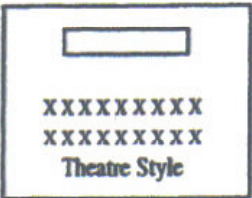
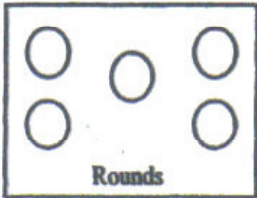
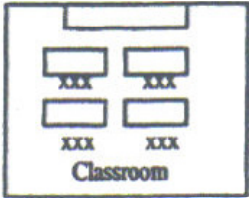

Type of Function: (select one) Meeting Seminar NAE4-HA Committee Meal
 Entertainment Other: _____

Contact Person: _____ Email: _____

Mailing Address: _____

Phone: _____ Fax: _____

Preferred Room Set-Up: (select one) Note: This is only a request. Set-ups will be confirmed September 1, 2009.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			

Other (please describe): _____

Do you need food and beverage as part of your set-up?
If yes, please specify: _____

EQUIPMENT NEEDED: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Extension cord with power strip \$9 | <input type="checkbox"/> Wireless Lavalier microphone \$104 |
| <input type="checkbox"/> 6 ft. Tripod Projection Screen \$26 | <input type="checkbox"/> Overhead Projector \$39 |
| <input type="checkbox"/> Video/Data (LCD) Projector \$260 | <input type="checkbox"/> DVD Player / TV Monitor \$130 |
| <input type="checkbox"/> Flip Chart (with paper and markers) \$22 | <input type="checkbox"/> VCR Player / TV Monitor \$113 |
| <input type="checkbox"/> Easel (no paper; no markers) \$13 | <input type="checkbox"/> Equipment NOT NEEDED |
| <input type="checkbox"/> Hand-held wired microphone \$48 | |

Note: If you bring your own equipment you are responsible for set-up and tear down.

Payment Information:

VISA/MasterCard #: _____ Exp. Date: _____

Signature: _____ Total Due: _____

Payment **DUE** on July 1, 2009. Equipment request after July 1, 2009 are subject to a \$50.00 late fee and availability of equipment.

Cancellation Policy: Audio Visual charges will be refunded if requested in writing by September 24, 2009. After September 24, 2009 no refunds will be made.