

*** CHECK or CREDIT CARD MUST ACCOMPANY ORDER ***

MAIL or FAX to:

"Convention Photo by Joe Orlando, Inc."

3217 North Verdugo Road, Suite # 1 • Glendale, California 91208 • Tel: (818) 957-2204 • Fax: (818) 957-6113

Servicing Trade Shows in Las Vegas, NV and Nationally for over 50 years

www.joeorlandophoto.com

email:convphoto@earthlink.net

Exhibitor Order Form

YOUR P.O. NUMBER

QUANTITY	SERVICES	EACH	TOTAL
_____	COLOR ORIGINAL <input type="checkbox"/> Includes Photography Time, 8x10 Print	@ \$95.00 \$	_____
	No People <input type="checkbox"/> Posed Staff <input type="checkbox"/> Crowd During Show <input type="checkbox"/>		
-----Additional Photo Services After Original Ordered-----			
_____	HI RES DIGITAL IMAGE FROM COLOR ORIGINAL <input type="checkbox"/> Includes release and rights of image, 300 dpi @ 8x10 saved as jpeg.	Per Image @ \$50.00 \$	_____
_____	LOW RES DIGITAL IMAGE FROM COLOR ORIGINAL <input type="checkbox"/> Includes image saved as jpeg @ 72 dpi, perfect for powerpoint / website.	Per Image @ \$35.00 \$	_____
_____	COLOR 8x10 REPRINTS OF ORIGINALS	Per Print @ \$35.00 \$	_____
_____	PHOTOSHOP RETOUCHING <input type="checkbox"/> 1 Hour Minimum.	Per Hour @ \$160.00 \$	_____
DIGITAL PHOTOGRAPHY QUOTES		SUB TOTAL: \$	_____
<ul style="list-style-type: none"> • Publicity, Banquets, Awards, • On Site CD Burning • Photoshop Retouching • Website Hosting of Low Res Image (For publicity or associations) 	<input type="checkbox"/> Clients based in <u>California</u> add CA tax <input type="checkbox"/> Clients in other states no tax	TAX: \$	_____
	All Orders add \$10.00 Shipping & Handling:	\$	10.00
	Fed-Ex #: _____	TOTAL: \$	_____
CALL FOR QUOTES	Video Production (upon availability, call for quotes)		

PLEASE PRINT: **AATS Annual Meeting** Dates: **May 7-11, 2011**
 Name of Convention: _____
 Convention Hotel / Location: **Pennsylvania Convention Center, PA**
 Daily Exhibit Hours: _____
 Onsite Contact & Cell Phone Number: _____
 Exhibitor: _____ Booth # & Size: _____
 Display House: _____
 Ship to Address: _____
 Credit Card Billing Address: _____
 City, State and Zip Code: _____
 Telephone Number: (800) () _____ E-mail: _____
 Authorized Signature: _____

Credit Card Info: Please Circle One:    Credit Card-V code or Security Code: _____

Credit Card Number: _____ Expiration Date: _____

Card Holder Name: _____ Authorized Signature: _____