

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

MAIL or FAX to:

"Convention Photo by Joe Orlando, Inc."

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

www.joeorlandophoto.com

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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			
<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: \$ _____
Green Screen photography also available Video Production (upon availability, call for quotes)			

PLEASE PRINT:

Name of Convention: **AAPM** Dates: **July 31-Aug. 4, 2016**

Convention Hotel / Location: **Washington, DC**

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: _____