

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 Nationally for over 40 years.

www.joeorlandophoto.com
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Order Form

YOUR P.O. NUMBER

QUANTITY	SERVICES	EACH	TOTAL
_____	COLOR PHOTO ORIGINAL (Includes Photo Time, 8 x 10 Print)	@ \$85.00	\$ _____
_____	COLOR REPRINTS OF ORIGINALS	@ \$35.00	\$ _____
_____	COLOR NEGATIVE OF ORIGINAL	@ \$50.00	\$ _____
Exhibits Photo No People <input type="checkbox"/> Posed Staff <input type="checkbox"/> Crowd During Show <input type="checkbox"/>			

ADDITIONAL PHOTO SERVICES

_____	Hi Res Digital Image from Color Photo Original (Per Image, Includes CD)	@ \$50.00	\$ _____
_____	Low Res Digital Image from Color Photo Original (Per Image, Includes CD) (JPEG 72 - 300 DPI)	@ \$35.00	\$ _____

SUB TOTAL: \$ _____

Digital Photography Quotes
 Publicity, Banquets, Awards,
 On Site CD Burning

Digital Enhancements
 Call for quotes

Video Production (upon availability, call for quotes)

Clients based in California add CA tax
 (Clients in other states no tax)

TAX: \$ _____

All Orders add **\$10.00** Shipping & Handling: \$ 10.00

Fed-EX # _____

TOTAL: \$ _____

Exhibit Package Discount

4 Originals or more 10% off total invoice

PLEASE PRINT: **Semi Europa 2008**

Convention **Stuttgart Trade Fair**
 Hotel or Location: **Centre, Germany**

Convention Dates: **October 4-10, 2008**

Daily Exhibit Hours: **Oct. 7-8, 10:00am to 5:00pm / Oct. 9 10am to 4pm**

Print Your Name: _____

Exhibitor: _____ Booth # & Size: _____

Billing Company: _____

Billing Address: _____

City, State and Zip Code: _____

Telephone Number: (800) () _____

Authorized Signature: _____ Accounts Payable Tel # () _____

Credit Card Info: Please Circle One: AMEX VISA MasterCard Accounts Payable Fax # () _____

Credit Card Number: _____ Expiration Date: _____

Card Holder Name: _____ Authorized Signature: _____