



MED MEETING
IMAGES

2018 HRS Annual Meeting
Exhibit Photography
& Exhibit Video Services

Online Form:

www.medmeetingimages.com/HRS

Or you can fill in fields below and select drop down choices on the form below
and save form and e-mail or print out and fax back:



Online Form:

www.medmeetingimages.com/HRS

Exhibitor's Name: _____ Exhibit # _____

Onsite Contact: _____ Onsite Cell # _____

Photography Services: Digital & Prints **Price** **Quantity** **Total**

Package 1: 1 View point: Digital image delivered after meeting via web link & USB stick \$150 _____

Package 2: 3 View points: Digital images delivered after meeting via web link & USB stick \$350 _____

Package 3: 6 View points: Digital images delivered after meeting via web link & USB stick \$525 _____

Package 4: 10 View points: Digital images delivered after meeting via web link & USB stick \$900 _____

Custom Quote: _____

Rush Delivery Onsite: Add 25% of the total: for delivery of digital images onsite

Prints - 8x12: \$10 per print/per image *Delivered after NASS \$10 _____

Extra USB or CD's: \$10 per extra USB or CD \$10 _____

Event Photography: Press Event, Demo, In-Booth, or before/after show event. \$150 Per Hr. _____

Virtual Views - 360° views & tours

Package 1: 1 View point - 360° web files for online use & demo \$225 _____

Package 2: 2 View points - 360° web files for online use & demo & Custom Logo \$350 _____

Package 3: 4+ View points - 360° web files for online use/demo Custom Logo & Virtual Tour \$450 _____

Video Services: High Definition 1080p Digital video

Package 1: 3 view points - 1 minute digital
2 view points - 1 minute digital video file (mpv, wmv) \$350 _____

Package 2: 6 views points: 2 min w/Steady-cam
video file, your logo and custom credits. (wmv, mpv) \$600 _____

Contact Info

Company: _____ **Phone** _____

Contact: _____ **Fax** _____

Address: _____ **Country:** _____

City, State: _____ **Postal Code:** _____

E-mail: _____ **PO or Job#** _____

Billing Info:  **Total**

Card Type: (VISA/MC/AMEX) **Exp Date:**(xx/xx) _____

Name on Card: _____ **Billing Zip code:** _____

Card #: _____ **CSV(3 or 4 digits):** _____

Scheduling will be done onsite by photographer @ HRS Cell: +1.612.226.5154

Contact before and onsite: Todd Buchanan +1.612.226.5154

FAX: 612.395.9252 or E-Mail: todd@medmeetingimages.com

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