

Hardrock Summit Denver
Hotel Westin - Westminster, Co.
September 4-7, 2025



Exhibitor Name: _____ **Booth No.** _____

ADVANCED PRICING ENDS AUGUST 4, 2025

TCS Towers:	Circle: 3000K LED OR 6000K LED	Circle: Black or White	PRICE EACH	TOTAL ITEMS	TOTAL
TCS 2020 Tower			\$600.00		
TCS 1639 Tower			\$600.00		
TCS 1651 Tower			\$600.00		
2030 Museum			\$585.00		
2020 Museum			\$585.00		

ELITE CASES	Circle: Black or White	4'	5'	6'			
Elite Full Vision					\$600.00		
Elite Half Vision					\$600.00		
Elite Quarter Vision					\$600.00		
		Full Vision	Half Vision	Quarter Vision			
Elite Corner Case – 39" Sq. Only					\$635.00		

CLASSIC CASES	Black Only	4'	5'	6'			
Classic Half Vision					\$585.00		
Classic Quarter Vision					\$585.00		
		Half Vision	Quarter Vision				
Classic Corner Case - 34" Sq. Only					\$620.00		

PREMIUM ALUMIMUM CASES	White Only	4'	5'	6'			
Premium Full Vision					\$585.00		
Premium Half Vision					\$585.00		
Premium Quarter Vision		Quarter Vision Only			\$585.00		
Premium Corner Cases – 36" Sq.					\$620.00		

STANDARD CASES	Circle: Black or White	4'	5'	6'			
Standard Full Vision					\$515.00		
Standard Half Vision					\$515.00		
Standard Quarter Vision					\$515.00		
Standard Corner Case – 34" Sq. Only		Half Vision Only			\$540.00		
Standard Wall Case					\$600.00		
Standard See-Thru Case					\$600.00		
Standard 2020 Tower					\$600.00		

Subtotal

IF ORDERED AFTER AUG. 4, 2025 ADD \$100.00 PER CASE

8.35% Sales Tax

TOTAL

Submit Orders to: Atlantic Rentals and Sales, Corp.
301 Essex Road ♦ Tinton Falls, NJ 07753 ♦ Phone 732.922.8958 ♦ Fax 732.922.8951
Email: info@atlanticshowcases.com ♦ Website: atlanticshowcases.com

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Placement of Showcases

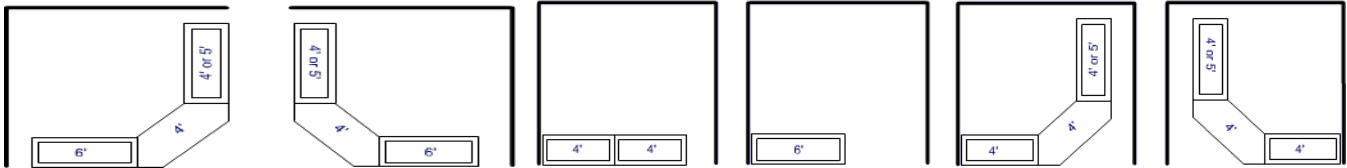
Back Wall of Booth



Booth Opening

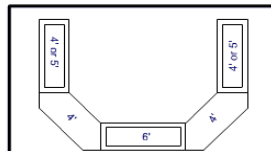
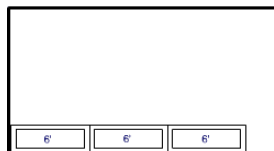
Sample Showcase Layouts

10' X 10' Corner Booths

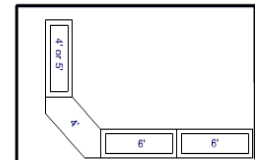
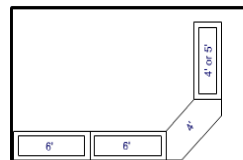


10' X 10' Booths

10' X 20' Booths



10' X 20' Booths





Exhibitor Name: _____ Booth Number: _____

PAYMENT INFORMATION

Visa/Mastercard/Discover/American Express

Cardholder's Name: _____

Billing Address: _____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____ CVN: _____

Email: _____

Total Due: _____

Date of Sale: _____

This agreement must be signed by authorized cardholder. Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligation set forth in the Cardholder's agreement with issuer.

Authorized Signature

Date

DISCLAIMER

Cases are rented for display purposes only. We do not warranty the safety thereof. We are not liable for contents, damage or breakage after cases have been delivered.