

Customer: Nevada Department of Health and Human Services Aging and Disability Services Division | Disability Services Unit



Quote Description: **Aver VC 520 Quote**
 Address: 1860 E. Sahara Ave
 City, State, Zip: Las Vegas, NV 89104
 Contact: Dawn Lyons
 Email: dlyons@adsd.nv.gov

Quote Number: JFK 756341

Date: 07/10/17

Jim Kain 831-998-8016 voice Fax 949-493-3674
jkain@conferencingadvisors.com
 34175 Camino Capistrano, Suite 103
 Capistrano Beach, CA 92624

Phone Number: (702) 486-5940

Number of Locations on Quote: 2

| Qty | PartNum | Description | Includes | Notes | List Price | Unit Price | Extended Price |
|------------------------------------|-----------------|---|--|----------------------------------|------------|------------|----------------|
| Video Systems and Equipment | | | | | | | |
| 2 | Aver VC-520 | Professional-grade USB All-in-One video and audio conference system | 12X PTZ Camera, Hub, Speakerphone, remote and three year warranty with advance replacement during first 12 months. | VC 520 Datasheet | \$999 | \$909 | \$1,818 |
| 1 | Surface Freight | Two shipments | 999 Pyramid Way, Sparks, NV 89431 and the other to 2950 S Rainbow Blvd, Ste 220, Las Vegas, NV 89146 | | | | \$100 |

Pricing:

Sales Tax is NOT INCLUDED in the above pricing.

This pricing is valid for units sold and shipped in the U.S. and UK

Any order resulting from this quote is subject to Conferencing Advisor's Terms and Conditions.

Pricing is valid for 30 days.

New customers must put a 50% down payment on the first order prior to shipping

*Orders over \$30,000 require a 50% deposit.

Standard lead time for equipment delivery is 10 days. Bridge lead-time is 30 days.

Warranty:

Warranty begins on the Installation Date, or 30 days from the Delivery Date, whichever occurs first.

Maintenance Service:

Maintenance coverage does not include manufacturer feature enhancement software upgrades.

Terms:

Payment in advance or by credit card add 3% processing fee.

Equipment Total: \$1,918

Proposal Total**: \$1,918

This quotation is approved for purchase:

Date: _____ Title: _____

Signature: _____

Printed Name: _____

All information provided in this proposal is confidential and is not to be shared with other organizations.