



Jain Society of Metropolitan Chicago

435 N. Route 59, Bartlett, IL 60103

Phone: (630) 837-1077

Website: www.jsmonline.org

A Non-Profit Tax Exempt Organization, Tax Id# 51-0175101

Rental Charges for Audio – Video – Internet Equipments

Date: _____

Rented	A	Equipment Rental	Price	Deposit
	A1	Portable Speakers	\$25/spkr/day	\$300
	A2	Daily Rate for Portable System (1 Speaker + 1 MIC) *	\$50 per day	\$300
	A3	Wired MICs with cables	\$15/MIC/day	\$200
	A4	Wireless Microphone (Within JSMC only)	\$25/MIC/day	\$400
	A5	4 Port Mixer, 2 Speakers with Cables, 2 Wired MICs*	\$250 per day	\$500

	B	A/V System Rental (Within JSMC only) **	6 Hour Rental
	B1	4 Port Mixer, 2 Speakers, up to 4 Wired MICs	\$150
	B2	Main mixer, 2 Stage speakers, 5 wired MICs and or 5 Wireless MICs	\$350
	B3	Rental JSMC's Plug & Play Speakers with the Amplifier	\$250

	C	Add-on Equipment Rental	
	C1	Additional Microphones: up to 6 MICs	\$100
	C2	Effects up to 4 units	\$100

	D	Projector Rental	
	D1	Any One Projector in Prayer Hall	\$50
	D2	Front - Two Side Projectors by new stage	\$75
	D3	All 3 Projectors by new Stage	\$125
	D4	Additional Rear Projector, TV's in Hall & Downstairs	\$25 Each

	E	Internet Access Rental	
		Internet Access/Day upto 256K Upload	\$75

	F	JSMC Central PA System	\$75
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Package Rental for Drama & Musical Event (Within JSMC only)		
	System with B3+C ***	\$650
	System with B2+C ***	\$500

Notes:

1. * JSMC members can rent Portable Speaker system for Religious purpose at their place.
2. ** Operated by assigned JSMC personnel.
** Rate for additional 6 hour would be 30% more to the first 6 hour rate.
3. ***For Musical event, system is operated by a team member from Musical Group.

I/we hereby acknowledge the receipt of items marked in the list.

I/we agreed, to pay \$50 per day late fee charges, if equipment not returned by: Date: _____

Name: _____ Signature: _____ Date: _____

Address: _____

Phone: _____ DL#: _____ Issuing State: _____

Rent of \$ _____ Deposit of \$ _____

Cash or Check # _____ Received by: _____ Date: _____

To be filled at the time of return

All items are received as per JSMC? **Yes/No**

Received by: _____ Date: _____

Deposit received \$ _____? **Yes / No**

Cash or Check # _____

Received by: _____ Date: _____