

SHIPPING REQUEST FORM 10600 Westminster Rlvd Westminster CO 8002

	10600 Westminsto	er Blvd., Westminster	r, CO 80020		
EXHIBITOR INFORMATION: (Pl	ease Print)				
Conference Name:		Conference Dates:			
Exhibitor Company Name:		Telephone Number:			
On-Site Contact:		Fax Number:			
Address:		E-mail Address:			
City/State/Zip Code:					
ACT	JAL BILLING WILL TAKE PLAC AND PICKUP AVAILABLE PAYMENT O	FOR OUTGOING SHIPM	ENTS.		
	INBOUND/OUTBOUND	PACKAGE HANDLING FEES +	INSTRUCTIONS		
	Shipment sizes:	Indicate expected quantity	Rate	Total	
	0 to 4.99 Pounds		\$5.00		
	5 to 19.99 Pounds		\$10.00		
	20 to 49.99 Pounds		\$15.00		
	Over 50 Pounds		\$25.00		
	CRATES/PALLETS		\$150.00		
		TOTAL CHARGE (To be completed with actuals)			
If storage exceeds 3 days, a \$25	per item per day storage fee will	be added.		•	
	ADDRESS INC	OMING SHIPMENTS AS FOLI	LOWS:		
Name of Group, Date of Group		ATTENTION: On-Site	Contact Name		
c/o The Westin Westminster		On-Site Contact Phone Number:			
10600 Westminster Boulevard					

ORDERING INSTRUCTIONS					
EMAIL ORDERS TO THE CONFERENCE SERVICES + CATERING OFFICE	PHONE: 303.410.5822				
EMAIL: kayla.boyd@westinwestminster.com					

Box(es) _____ of ____ (Multiple boxes MUST be numbered)

Customer Signature Date

Westminster, CO 80020