



EXHIBITOR KIT

All exhibitors must fill out this kit 2 weeks prior to arrival regardless of their needs so that we can ensure each exhibitor is accounted for in our preparation for your show.

For billing purposes, please note that our standard method of charging for any services requested is to post charges to the guest room. If you are **not** a guest of the hotel or prefer to use an alternative method of payment there is a page for payment included in the back of this kit which must be completed for services to be rendered.

Please fill out the forms and **return** them to the Resort ***no later than 2 weeks prior to the show date*** to ensure that all of your needs can be accommodated on site.

****should you chose to provide an alternative method of payment - due to PCI compliance an accountant will be contacting you prior to the event to collect your full credit card information****

General exhibitor questions should be directed to 970.476.4444.

Group Name:
Group Dates:

SHIPPING AND RECEIVING CHARGES

We have the ability to receive UPS, Federal Express / Freight and USPS packages. We will be happy to assist you with your shipments. With regard to outgoing packages, we can prepare shipments via Federal Express. We are also a drop-off location for UPS packages and packages with UPS air-bills are acceptable for outgoing shipments.

Vendors will be responsible for their own shipping charges, unless otherwise instructed by the group contact.

The following Handling Fees will be applied by the Hotel to shipments:

Item Weight	Handling Fee
<5lbs	\$2.50
5lbs – 9lbs	\$5.00
10lbs – 19lbs	\$10.00
20lbs – 49lbs	\$25.00
50lbs - 99lbs	\$35.00
100lbs – 150lbs	\$50.00
Freight <500lbs	\$75.00
Freight >500lbs	\$100.00

Shipments can be received and stored at the hotel no earlier than 3 business days prior to the group arrival / exhibitor event. Shipments received earlier are subject to storage fees and may be turned back if they cannot be accommodated at the Resort due to storage limitations.

BOX LABELING EXPECTATIONS

The following information should be clearly stated on all packages as follows:

Vendor Exhibitor Name: Name of Guest/Vendor
Company Name: Vendor / Exhibitor Company Name
Conference Name: Name of Group, Arrival Date
Address: Vail Marriott Mountain Resort
715 West Lionshead Circle
Vail, CO 81657
Box 1 of 1, 1 of 2, etc.

Example: John Doe, XYZ Company
ABC Group, Arriving 06/14/16
Vail Marriott Mountain Resort
715 West Lionshead Circle
Vail, CO 81657
Box 1 of 1, 1 of 2, etc.

Group Name:
Group Dates:



EXHIBITOR AV AND ELECTRICAL ORDER FORM

PLEASE SEND THIS FORM 2 WEEKS PRIOR TO THE SHOW DATE TO:

vailexhibitor@marriott.com

COMPANY NAME _____ **Booth #** _____

GUEST NAME _____ **Confirmation #** _____

Will you require an electrical circuit or AudioVisual equipment at your booth? Please circle your response:

Yes No

If yes, please fill out the grid below:

<i>Qty</i>	<i>ITEM DESCRIPTION</i>	<i>DAILY COST</i>	<i># OF DAYS</i>	<i>TOTAL COST</i>
	55" LCD TV Monitor	\$250.00		
	70" LED TV	\$450.00		
	High Speed Wireless Internet (10 MBPS) **available for purchase at the front desk**	(1) User \$15.00	N/A	N/A
	20 amp Circuit	\$30.00		
	Power Strip and extension package	\$21.00		
	Other: please describe			
	**SUB-TOTAL			

* Custom internet configurations can be purchased for an additional charge. Please email nwilczynski@PSAV.COM

**If your power needs are greater than a standard outlet please describe what you are powering and if you will be providing cables etc.

*** This is the cost prior to the 24% taxable service charge and sales tax of 8.4%

BOX HANDLING

Please circle the appropriate responses so that we can be prepared to manage your materials

Will you be shipping packages to the Resort? Yes No

Will you be shipping packages out at the end of the show? Yes No

What are you planning to ship to the Resort? **Circle all that apply:**

Small Boxes – 10lbs. or less Small Cases – 10-25lbs Large Cases – 25 to 150lbs

Palettes/Freight under 100lbs Crates/Palettes over 500lbs

Group Name:
Group Dates:

Do you have any special needs or arrangement we should we be aware of regarding your shipment(s)? Please list information below:

PAYMENT INFORMATION ONLY NEEDS TO BE COMPLETED AND RETURNED IF YOU ARE NOT A GUEST OF THE HOTEL OR IF YOU WISH TO PAY WITH AN ALTERNATE METHOD OF PAYMENT THAN WHAT IS BEING USED TO COVER GUEST ROOM CHARGES

PAYMENT INFORMATION MUST BE PROVIDED FOR AUDIOVISUAL EQUIPMENT RENTED, ELECTRICITY UTILIZED AND PACKAGES SHIPPED IN AND OUT PRIOR TO YOUR ARRIVAL

PLEASE SUBMIT 2 WEEKS PRIOR TO ARRIVAL OF THE SHOW – BOXES CANNOT BE DELIVERED TO YOUR TABLE OR SHIPPED OUT UNTIL A PAYMENT METHOD HAS BEEN RECEIVED

Company Name _____	Phone* _____
Billing Address _____	
City, State, Zip _____, _____, _____	
Ordered by _____	
Payment method: _____ VISA _____ MC _____ AMEX _____ DISCOVER _____ GUEST ROOM	
Last 4 digits of credit card* _____	
Expiration Date _____	
Name on Card _____	
Cardholder Signature _____	

*Please provide a phone number where the card holder can be reached to receive the entire credit card number as we are unable to receive the full number on this form due to PCI Compliance.

*Accounting Office Use Only: _____

Group Name:
Group Dates: