

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.

Please note that there are 2 forms in this kit which need to be filled out and returned by every exhibitor presenting at the event. One form is for Audio Visual equipment, electrical needs, shipping and receiving and the other outlines payment arrangement for services provided by the Resort.

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.

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 your Event Manager, Kelly Voth - 970.479.5001.

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:

Boxes	10 lbs. or Less	\$5 each
Small Cases	10-25 lbs.	\$10 each
Large Cases	25-150 lbs.	\$25 each
Palettes/Freight	Under 100 lbs.	\$75 each
Crates/Palettes	Over 500 lbs.	\$100 each

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.



EXHIBITOR AV AND ELECTRICAL ORDER FORM

PLEASE SEND THIS FORM 2 WEEKS PRIOR TO THE SHOW DATE TO: kelly.voth@marriott.com or Fax: 970.479.6996

COMPANY NAME		Booth #			
Will you require an electrical circuit or Audio Visual equipment at your booth? Please circle your response:					
	Υ	es No			
If yes, please fill out the grid below:					
Qty	ITEM DESCRIPTION	DAILY COST	# OF DAYS	TOTAL COST	
	47" LCD TV Monitor	\$250.00			
	50" LED TV	\$350.00			
	High Speed Wireless Internet (10 MBPS) **available for purchase at the front desk**	(1) User \$14.95	N/A	N/A	
	120 V Circuit	\$30.00			
	Power Strip	\$8.00			
	Other: please describe				
	·				
	**SUB-TOTAL				
* Custom internet configurations please call 970.479.6945 or email gabe.neu@marriott.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					
Pleas	e circle the appropriate responses	so that we can be pre	pared to manage	e your materials	
Will you be shipping packages to the Resort?		Yes	No		
Will y	Will you be shipping packages out at the end of the show? Yes No			No	
What are you planning to ship to the Resort? Circle all that apply:					
Small	Boxes – 10lbs. or less Sm	all Cases – 10-25lbs	Large Case	es – 25 to 150lbs	

shipment(s)? Please list information below:				
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:VISAMCAMEX _	DISCOVERGUEST ROOM			
Last 4 digits of credit card*				
Expiration Date				
Name on Card				
Cardholder Signature				
*Please provide a phone number where the card holder ca credit card number as we are unable to receive the full nur Compliance.				
*Accounting Office Use Only:				

Do you have any special needs or arrangement we should we be aware of regarding your