

EXHIBITOR PACKAGE HANDLING FORM

GROUP/PROGRAM:

PROGRAM DATES:

BOX/CRATE HANDLING CHARGES

ITEMS:
 Box/Crate (1-75lbs)
 Boxes/Crates (76-200lbs)
 Boxes.Crates (201lbs to 300lbs)
 Boxes/Crates (301lbs to 500lbs)
 Pallets (ANY size)

Qty.	Rate	Total
	\$25/Each	
	\$75/Each	
	\$150/Each	
	\$200/each	
	\$250/Each	
	Total Charges	

Exhibitor Information

Additional Notes

GROUP NAME:	
COMPANY NAME:	
CONTACT NAME:	
BOOTH NAME:	BOOTH #:
PHONE NUMBER:	EMAIL:
On-Site Contact:	
ORDERED BY:	
STREET ADDRESS:	
CITY:	STATE/ZIP CODE:
INSTALLATION DATE:	TIME:
REMOVAL DATE:	TIME:
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
Last 4 digits of credit card:	
Charge to Guest Room:	Name on room:
CARDHOLDERS NAME:	
SIGNATURE:	

Pre-payment must accompany all orders unless prior arrangements have been made.

I WARRANT AND REPRESENT THAT I AM AUTHORIZED TO AGREE THAT CHARGES ARE POSTED TO THIS CREDIT CARD/GUEST ROOM

ALL REQUESTS MUST BE RECEIVED AT LEAST 3-5 DAYS PRIOR TO PROGRAM
Note if form has not been received, boxes will not be delivered to dedicated exhibit hall

PLEASE EMAIL FORM TO YOUR GROUP CONTACT

SHIPPING LABEL INFO:

HILTON LA JOLLA TORREY PINES
CONFERENCE NAME
YOUR COMPANY NAME /booth number
ATTN: NAME OF PERSON THAT WILL CLAIM THE PACKAGE
10950 N TORREY PINES RD
LA JOLLA, CA 92037