

1775 East Cheyenne Mountain Boulevard Colorado Springs, Colorado 80906 Main Hotel Number: 719-576-8900 & Fax Number: 719-527-4602

SHIPPING & RECEIVING EXHIBITOR/VENDOR FORM

Please, make sure that you have read all instructions and thoroughly filled out all information. Once all documents have been filled out completely please send them to Amanda Welcomer and once I have received your information I will send a notification. Below is my information:

Email: welcomera@coloradospringsdoubletree.com Fax: 719-527-4602 Direct Phone Number: 719-527-4627

Upon sending the information please allow 24-96 hours for a receipt of payment and confirmation.

ALL PACKAGES/BOXES SHOULD BE LABELED AS ILLUSTRATED BELOW:

Hold For Guest: (Guest Name) (Guest Cell Number)
(Convention/Conference/Group/Event Name)
c/o YOUR FIRST AND LAST NAME – YOUR POSITION/TITLE
1775 E. Cheyenne Mountain Blvd
Colorado Springs, CO 80906
Box of



MATERIALS TO BE SHIPPED/RETURNED:

- NO BOXES WILL BE ACCEPTED BY THE HOTEL MORE THAN 3-4 DAYS PRIOR TO SHOW DATE. BOX DELIVERY FEE IS \$7.00 PER BOX AND \$100.00 PER PALLET.
- PLEASE INCLUDE NAME OF GROUP/EXHIBITOR NAME/BOOTH NUMBER (IF AVAILABLE) IT'S THE RESPONSIBILITY OF THE EXHIBITOR TO RETURN MATERIALS UPON CONCLUSION OF THE SHOW.
- THE HOTEL WILL ONLY RETURN PACKAGES/BOXES THAT ARE ALREADY PREPAID AND LABELED. THIS IS THE EXHIBITOR'S RESPONSIBILITY.

PLEASE FILL OUT the form below completely & thoroughly

PACKAGES/BOXES INFORMATION CHART:

Shipping Company (Fedex, UPS, DHL, USPS)	Tracking Number	Box Number (1,2,etc)	Box/Package Description



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CONFERENCE/CONVENTION NAME:

DATE(S) OF CONFERENCE/CONVENTION:

EXHIBITOR/VENDOR NAME:

EXHIBITOR/VENDOR BOOTH #:

VENDOR/EXHIBITOR ON-SITE CONTACT NAME:

VENDOR/EXHIBITOR ON-SITE CONTACT EMAIL:

DOUBLETREE CONTACT: Amanda Welcomer, Convention Services Manager

DOUBLETREE CONTACT DIRECT PHONE NUMBER: 719-527-4627

DOUBLETREE CONTACT EMAIL: <u>welcomera@coloradospringsdoubletree.com</u>

DOUBLETREE PURCHASING CONTACT: Emma Ayers

DOUBLETREE PURCHASINGDIRECT PHONE NUMBER: 719-527-4614

DOUBLTREE PURCHASING CONTACT EMAIL: eayer@coloradospringsdoubletree.com



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CREDIT CARD AUTHORIZATION FORM

All Charges are subject to 23% Service Charge & 8.25% Sales Tax

CONFERENCE/CONVENTION NAME:

VENDOR/EXHIBITOR NAME:

STREET ADDRESS:

CITY/TOWN:

STATE:

ZIPCODE:

	RESPONSIBLE	PARTY/CONTACT:
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PHONE NUMBER:

EMAIL ADDRESS:

CARD HOLDER NAME:

TYPE OF CARD:

THE LAST 4 DIGITS OF YOUR CREDIT CARD: <u>A REPRESENTATIVE WILL CALL TO GET YOUR FULL CARD NUMBER</u>

EXPIRATION DATE:

CID/CCV CODE:

CARD HOLDER SIGNATURE:

I, ______, agree to use the above credit card for full payment and authorize the Doubletree by Hilton, Colorado Springs to charge the credit card given herein for all charges that I am responsible for.

* A CLEAR, LIGHTENED COPY OF THE FRONT OF THE CREDIT CARD <u>MUST</u> BE PROVIDED.