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 Constanze Strader and once I have received your information I will send a notification.

Below is my information:

**Email:** Straderc@csdoubletree.com

**Fax:** 719-527-4602

**Direct Phone Number:** 719-527-4665

*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: |
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| DATE(S) OF CONFERENCE/CONVENTION: |
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| EXHIBITOR/VENDOR NAME: |
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| EXHIBITOR/VENDOR BOOTH #: |
|  |
| VENDOR/EXHIBITOR ON-SITE CONTACT NAME: |
|  |
| VENDOR/EXHIBITOR ON-SITE CONTACT EMAIL: |
|  |
| **DOUBLETREE CONTACT:** Constanze Strader, Convention Services Manager |
| **DOUBLETREE CONTACT DIRECT PHONE NUMBER:** 719-527-4665 |
| **DOUBLETREE CONTACT EMAIL:** straderc@csdoubletree.com |