

# THE WESTIN

## ANNAPOLIS

100 Westgate Circle, Annapolis, MD 21401  
Phone (410) 972-4300, fax (410) 295-7420

### EXHIBITOR SHIPPING AND HANDLING FORM

<b>Name of Event</b>	<b>MACMA</b>
<b>Date of Event</b>	<b>July 11, 2019</b>
<b>Exhibitor Company Name</b>	
<b>Contact Person</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	
<b>How many boxes? Size/description? Arrival Date?</b>	

All incoming package labels must contain the following information

1. Guest Name/Company Name/Booth number
2. Group Name/Date of Function **(MACMA – July 11th)**
3. Westin Annapolis  
100 Westgate Circle  
Annapolis, MD 21401

Package will be accepted no more than three (3) days prior to guest arrival or meeting date. Due to limited storage space, please make arrangements for early deliveries or pallet deliveries.

Packages that arrive for guests who have checked out, unclaimed package or packages without proper information on the label will be returned to sender COD

All outgoing packages must have correct shipping labels on them and be packaged correctly. The Westin does not provide shipping labels or shipping materials.

#### **Rates for Incoming Shipping and Handling:**

**\*\*Materials will not be delivered to exhibit room without payment information.**

Letters	Free
Box (under 10 lbs.)	\$ 10.00 per box
Box (over 10 lbs.)	\$ 15.00 per box
Box (over 20 lbs.)	\$20.00 per box
Display Cases (under 20 lbs.)	\$30.00 per case
Display Cases (over 20 lbs.)	\$50.00 per case
Self-Contained Pallets	\$100.00 per pallet

\*\*NOTE: Should valet or houseman assistance be needed to unload equipment or assist in setting up there will be a \$500.00 charge per piece of equipment to the vendor.

\*\*NOTE: There will be an \$875.00 charge per day to the vendor for each piece of equipment that is not removed by 10:30am on Friday, July 12, 2019.

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## Credit Card Authorization Form – Exhibitor Shipping

Exhibitor/Guest Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_  
(As it appears on card)

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CNP: \_\_\_\_\_

### Statement of Cardholder

\_\_\_\_\_ I authorize the following charges be charged to my credit card.

(Initials)

- Shipping/Handling charges and all applicable service charges and taxes  
 Payment of Miscellaneous charges and all applicable service charges and taxes

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Cardholder

**\*\*\*A LEGIBLE COPY OF BOTH SIDES OF THE CARD MUST BE SUBMITTED WITH THIS FORM FOR THE AUTHORIZATION TO BE PROCESSED\*\*\***

The Westin Annapolis  
100 Westgate Circle  
Annapolis, MD 21401  
Telephone: 410-972-4300  
Email: [sspangler@westinannapolis.com](mailto:sspangler@westinannapolis.com)  
Sales/Catering Fax: 410-295-7420