

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:

Item Weight	Handling Fee
<5lbs	\$2.50
5lbs – 9lbs	\$5.00
10lbs – 19lbs	\$10.00
20lbs – 49lbs	\$25.00
50lbs - 99lbs	\$35.00
100lbs – 150lbs	\$50.00
Freight <500lbs	\$75.00
Freight >500lbs	\$100.00

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.

PAYMENT INFORMATION ONLY NEEDS TO BE COMPLETED AND RETURNED IF YOU ARE NOT A GUEST OF THE HOTEL OR IF YOU WISH TO PAY WITH AN ALTERNATE METHOD OF PAYMENT THAN WHAT IS BEING USED TO COVER GUEST ROOM CHARGES

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: _____VISA _____MC _____AMEX _____DISCOVER _____GUEST ROOM	
Last 4 digits of credit card* _____	
Expiration Date _____	
Name on Card _____	
Cardholder Signature _____	

*Please provide a phone number where the card holder can be reached to receive the entire credit card number as we are unable to receive the full number on this form due to PCI Compliance.

*Accounting Office Use Only: _____
