	V	VESTMINSTE	ł	
		SHIPPING REQUEST FORM		
EXHIBITOR INFORMATION: (Please I		ninster Blvd., Westminste	r, CO 80020	
Conference Title/Name		Conference Date		
Exhibitor Company Name:		Telephone Number:		
On-Site Contact:		Fax Number:		
Address:		E-mail Address:		
City/State/Zip Code:				
sity/state/zip code.				
		CE ONCE THIS FORM IS RECEIN OPTIONS: CREDIT CAR		
		OUND PACKAGE HANDLING FEES		Tatal
	Shipment sizes: 0 to 4.99 Pounds	Indicate expected quantity	<b>Rate</b> \$5.00	Total
	5 to 19.99 Pounds		\$10.00	
	20 to 49.99 Pounds		\$15.00	
	Over 50 Pounds		\$25.00	
	CRATES/PALLETS		\$150.00	
		-		
		TOTAL C (To be complete)		
f storage exceeds 3 days, a \$25 per	item per day storage fee will be	added.		
	hipping label. The Westin is Please secure	RETURN LABEL AND SCHEDULI not responsible for filling out ely tape and/or fasten packag vill gather all outgoing packag	or attaching shippin es and crates.	g labels to outgoing packages
A member of				
A member of	ADDRE	SS INCOMING SHIPMENTS AS FOL	LOWS:	
	ADDRE	SS INCOMING SHIPMENTS AS FOL ATTENTION:	LOWS:	
Name & Date of Group:	ADDRE			
Name & Date of Group: c/o The Westin Westminster	ADDRE	ATTENTION:		
A member of Name & Date of Group: c/o The Westin Westminster 10600 Westminster Boulevard Westminster, CO 80020	ADDRE	ATTENTION: On-Site Contact Phone Numb	er:	numbered)
Name & Date of Group: c/o The Westin Westminster 10600 Westminster Boulevard	ADDRE	ATTENTION: On-Site Contact Phone Numbe Booth number : Box(es) of (M	er:	numbered)
Name & Date of Group: c/o The Westin Westminster 10600 Westminster Boulevard		ATTENTION: On-Site Contact Phone Numb Booth number :	er:	numbered)

Date

Chelsey.hill-root@westinwestminster.com

**Customer Signature** 

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