



EXHIBITOR KIT

All exhibitors must fill out this kit 2 weeks prior to arrival regardless of their needs so that we can ensure each exhibitor is accounted for in our preparation for your show.

Please note that there are 2 forms in this kit which need to be filed out and returned by every exhibitor presenting at the event. One form is for AudioVisual equipment, electrical needs, shipping and receiving and the other outlines payment arrangement for services provided by the Resort.

Please fill out the forms and **return** them to the Resort ***no later than 2 weeks prior to the show date*** to ensure that all of your needs can be accommodated on site.

Due to PCI compliance an accountant will be contacting you prior to the event to collect your full credit card information.

General exhibitor questions should be directed to 970-476-4444 or vailexhibitor@marriott.com.

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:

Boxes	10 lbs. or Less	\$5 each
Small Cases	10-25 lbs.	\$10 each
Large Cases	25-150 lbs.	\$25 each
Palettes/Freight	Under 100 lbs.	\$75 each
Crates/Palettes	Over 500 lbs.	\$100 each

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.



EXHIBITOR AV AND ELECTRICAL ORDER FORM

PLEASE SEND THIS FORM 2 WEEKS PRIOR TO THE SHOW DATE TO:

vailexhibitor@marriott.com or Fax: 970.479.6996

COMPANY NAME _____ **Booth #** _____

Will you require AudioVisual equipment at your booth? Please circle your response: **Yes No**

If yes, please fill out the grid below:

<i>Qty</i>	<i>ITEM DESCRIPTION</i>	<i>DAILY COST</i>	<i># OF DAYS</i>	<i>TOTAL COST</i>
	47" LCD TV Monitor	\$250.00		
	50" LED TV	\$350.00		
	120 V Circuit	\$30.00		
	Power Strip	\$8.00		
	Other: please describe			
	**SUB-TOTAL			

*If your power needs are greater than a standard outlet please describe what you are powering and if you will be providing cables etc.

** This is the cost prior to the 24% taxable service charge and sales tax of 8.4%

BOX HANDLING

Please circle the appropriate responses so that we can be prepared to manage your materials

Will you be shipping packages to the Resort? Yes No

Will you be shipping packages out at the end of the show? Yes No

What are you planning to ship to the Resort? **Circle all that apply:**

Small Boxes – 10lbs. or less

Small Cases – 10-25lbs

Large Cases – 25 to 150lbs

Palettes/Freight under 100lbs

Crates/Palettes over 500lbs

Do you have any special needs or arrangement we should we be aware of regarding your shipment(s)? Please list information below:

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: _____
