



## 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 filled 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 970-479-6996.

## 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.



MARRIOTT RESORT  
VAIL MOUNTAIN

**EXHIBITOR AV AND ELECTRICAL ORDER FORM**

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

[vailexhibitor@marriott.com](mailto:vailexhibitor@marriott.com) or Fax: 970.479.6996

**COMPANY NAME** \_\_\_\_\_ **Booth #** \_\_\_\_\_

Will you require an electrical circuit or 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            |                  |                   |
|            | High Speed Wireless Internet | (1) User \$14.95    |                  |                   |
|            |                              | (2-5) Users \$65.00 |                  |                   |
|            |                              | (6-10) Us\$125.00   |                  |                   |
|            | 120 V Circuit                | \$30.00             |                  |                   |
|            | Power Strip                  | \$8.00              |                  |                   |
|            | Other: please describe       |                     |                  |                   |
|            |                              |                     |                  |                   |
|            | <b>**SUB-TOTAL</b>           |                     |                  |                   |
|            |                              |                     |                  |                   |

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

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\*\* 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

Steadman Phillippon Research Institute [SPRI]

August 23-26, 2017

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

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**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: _____ |
|------------------------------------|