

Exhibitor Request Form
(Form must be completely filled out in order to process)

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Date Request Submitted:		Contact Name:
Name of Function/Group: AUCCCD 2024 Annual Conference		Contact Phone #:
Booth Name/#:		Contact Email Address:
Shipping		
Total Expected Boxes/Pallets:		
Expected Arrival Date:		
Shipping Method:		
Setup Date / Time Completion Date/ Time		Completion Date/ Time
	Pounds	Handling fees for in-bound packages
"	0 to 5 pounds	\$ 5.00 each
Charges	6 to 20 pounds	\$ 10.00 each
	21 to 50 pounds	\$ 15.00 each
Ch	Over 50	\$ 25.00 each
	Crates	\$ 75.00 each
	Pallets	\$ 75.00 each tem for all packages received more than 3 business
	days prior to the conference or	left longer than 3 days after departure.
Guidelines	 After your conference, any materials to be shipped out of the hotel must be properly packaged and labeled with shipping address, return address and method of payment. A \$5.00 charge will be applied to any outbound package that is not completely packed and labeled for shipping The resort is not responsible for packing or for supplying any packing materials. Any items left behind without shipping instructions will be discarded within 3 business days. Any Shipments received without payment authorization will not be delivered to the Exhibit hall until payment is received. 	
Labeling Information	Name of Group: Sheraton Grand at Wild Horse Pass 5594 W. Wild Horse Pass Blvd. Phoenix, AZ 85226 Hold For: (Your Company Name) Attention: (Person on site who will be looking for the package)	
Please Fax or Email Completed Order to:		
Angelica Aurelius Phone: (520) 796-8230 Email: <u>Angelica.aurelius@sheraton.com</u>		
Upon receipt of this form, a credit card authorization will be emailed via a secured site. Once the credit card form is completed and returned, your order will be confirmed.		
Email address:(please print clearly)		
For your protection, credit card information should never be sent via e-mail unless through a secured site. Please do not include credit card information on this form.		