



**Hilton**

**Charlotte University Place**

**Exhibitor**

**Shipping and Handling Fee**

**How to Label Boxes**

**Hilton Charlotte University Place**

**Name of Group/Vendor/Dates**

**8629 J.M. Keynes Drive**

**Charlotte, NC 28262**

**Email completed form to: erin.brown@hilton.com**

**\*Boxes to arrive no earlier than (3) business days prior to event.**

Total Amount \$ \_\_\_\_\_

Total Amount of Boxes \_\_\_\_\_

\$5.00 for every 25 lbs. incoming/outgoing packages

**BILLING INFORMATION:**

Completion of this section authorizes The Hilton Charlotte University Place to post all charges for the exhibit shipping and handling fee requested above to the credit card provided.

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CARD HOLDER'S NAME: \_\_\_\_\_

CARD TYPE:           VI                   MC                   AX                   DI                   DC

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_