



Sheraton New York Hotel & Towers
EXHIBITOR SHIPPING/RECEIVING FORM

Name of Exhibitor/Organization:

Exhibitor/Organization Address:

Date(s) of Event:

Name of Show/Convention:

Name of On Site Contact:

Telephone:

Fax/E-mail:

Function Room:

Booth Number:

Set Up Time/Tear Down Time:

SHIPPING AND HANDLING FEES

Quantity	Item	Rate	Labor/Tax	Total
	Packages/boxes 0-5 lbs	\$5.00/box		
	Packages/boxes 6-20 lbs	\$10.00/box		
	Packages/boxes 21-50 lbs	\$15.00/box		
	Packages/boxes over 50 lbs	\$25.00/box		
	Crates	\$50.00/crate		
	OUTBOUND PACKAGE HANDLING	\$5.00/item		

In addition to the above charges there will be a \$1.50 service charge per item on all deliveries, or \$10.00 per bell cart (not applicable to over sized items).

We do not accept pallets; all pallets must be unloaded at the loading dock.

PACKAGE ROOM HOURS OF OPERATION:

Monday – Friday 6am-8pm

Saturday & Sunday 8am-4pm

Outbound Package Handling Fees: \$5.00 per item

Storage Fee:

The price on receiving will be based on pounds and will include storage. If the storage exceeds 3 days, a \$25.00 per item/day storage fee will be added.

Due to the high volume of packages received we will not be able to hold packages for longer than five business days. At the end of the five business days management reserves the right to discard any unclaimed items.

Unclaimed items will be returned to the sender providing sender's return information and account numbers are available.

For more information please contact Package Room manager.

From inside the hotel dial ext: 5242 for assistance.

NOTE: Items must be shipped to the address below and labeled as follows:

<p><u>Shipping Address:</u> <i>Sheraton Hotels of New York 811 Seventh Avenue New York, NY 10019 1-212-581-1000</i></p>	<p><u>Labeling:</u> <i>Hold For: (Event/ Meeting Name) Attention: ("Received By" or On-Site Contact) Event/Meeting Date: M/D/Y Meeting Room Name: Number of Boxes: (1 of X, 2 of X, etc.) Convention Services Manager: Cristiana Franco</i></p>
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This letter of agreement confirms that The Sheraton New York Hotel & Towers has authorization to place charges incurred for any/all of the above requested service(s) to the credit card below:

Card Type: _____ Card Number: _____
3-Digit Security Code: _____ Expiration Date: _____

Cardholder Name exactly as it appears on card: _____

Signature of Cardholder: _____

A signed copy of this order form must be returned to the individual below at least 10 days prior to your arrival.

Ms. Cristiana Franco
Convention Services Manager
The Sheraton New York Hotel & Towers
811 Seventh Avenue
New York, NY 10019
Phone: (212) 841-6549
Fax: (212) 489-9511
Cristiana.franco@sheraton.com