

The UPS Store 6100<sup>™</sup> Hilton San Diego Bayfront 1 Park Blvd San Diego, CA 92101 Phone (619)321-4201 Fax (619)564-3344 Store6100@theupsstore.com

Exhibitors,

Please reference the following information regarding having materials shipped to and from the Hilton Bayfront.

All packages and freight deliveries to the hotel are managed through The UPS Store, which acts as the business center and package service department for the property. To ensure proper processing, please address all materials intended for guests as follows:

Attn: Exhibitor/Guest Name - Company Conference Name 1 Park Blvd San Diego, CA 92101

Please note that all packages sent to the hotel will incur a handling charge based upon the weight of each item according to the list below:

| Package Handling Fees        |          |  |
|------------------------------|----------|--|
| Inbound and Outbound Charges |          |  |
| Carrier Envelope             | \$3.00   |  |
| Padded Pak                   | \$6.00   |  |
| 1-10 lbs                     | \$6.00   |  |
| 11-21 lbs                    | \$12.00  |  |
| 22-41 lbs                    | \$25.00  |  |
| 42-60 lbs                    | \$50.00  |  |
| 61-100 lbs                   | \$80.00  |  |
| 101 lbs and over             | \$120.00 |  |
| Pallets                      | \$275.00 |  |

Charges are incurred for accepting items on the recipient's behalf and do include delivery to the location of the recipient's choosing per request. Please visit The UPS Store Business Center on the 3rd floor to retrieve packages and/or schedule package delivery.

The UPS Store Business Center will also be available to assist exhibitors with all outbound shipping at the close of the conference. The above handling rates will apply to all materials sent from the hotel as well. Please see the accompanying 'Exhibitor Return Shipping Form' for more details.

Please contact The UPS Store Business Center via any of the contact methods above with any questions Operating Hours: Monday-Friday 7am-8pm & Saturday-Sunday 8am-4pm

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|     |      | <u>CARA</u> |     |

## **Credit Card / Room Charge Authorization Form**

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| Sender's Name:   | Phone:                              |
|--|-------------------------------------|
| Company Name:  | Total # of Packages:                |
| E-mail Address (Mandatory to receive tracking & receipt):  |                                     |
| Package(s): Already have UPS/Fedex labels Need to be proc  | essed for shipping                  |
| SHIPPING INFORMATION:  |                                     |
|  |                                     |
| Company Name:  |                                     |
| Attn:  |                                     |
| Address:   |                                     |
| City, State & Zip Code:  |                                     |
| Shipping Speed: Next Day 2 Day 3 Day   | Ground                              |
| 김 가슴을 물을 만들었는 것을 물고 있었다. 귀엽을 했다.   | YES If yes, value amount/details of |
| Insurance Needed (Select 'ves' if valued over \$100).  |                                     |
| Insurance Needed (Select 'yes' if valued over \$100):  |                                     |
| Insurance Needed (Select 'yes' if valued over \$100): NO which package (s) need insurance if multiple packages are being shipp   |                                     |
| which package (s) need insurance if multiple packages are being shipp  |                                     |
|  |                                     |
| which package (s) need insurance if multiple packages are being shipp  |                                     |
| which package (s) need insurance if multiple packages are being shipp<br>BILLING INFORMATION:  |                                     |
| which package (s) need insurance if multiple packages are being shipp<br><b>BILLING INFORMATION:</b><br>Please select <u>ONE</u> of the following billing options:   |                                     |
| which package (s) need insurance if multiple packages are being shipp BILLING INFORMATION: Please select ONE of the following billing options: Bill to Guest Room:   |                                     |
| <pre>which package (s) need insurance if multiple packages are being shipp  BILLING INFORMATION:  Please select ONE of the following billing options: Bill to Guest Room: Guest Room #:</pre>  |                                     |
| <pre>which package (s) need insurance if multiple packages are being shipp BILLING INFORMATION: Please select ONE of the following billing options: Bill to Guest Room: Guest Room #:</pre>  |                                     |
| <pre>which package (s) need insurance if multiple packages are being shipp  BILLING INFORMATION:  Please select ONE of the following billing options: Bill to Guest Room: Guest Room #: Name on Room:</pre>  |                                     |
| which package (s) need insurance if multiple packages are being shipp  | ed \$:                              |
| <pre>which package (s) need insurance if multiple packages are being shipp  <b>BILLING INFORMATION:</b>  Please select ONE of the following billing options:  Bill to Guest Room: Guest Room #: Name on Room:OR Bill to Credit Card: Credit Card number:</pre> | ed \$:                              |