



46<sup>th</sup> Annual Meeting  
October 21-22, 2018  
Loews O'Hare | Chicago, Illinois

chss.org



© City of Chicago / GRC

## CHSS 2018 Shipping Information

Materials may be shipped for arrival three (3) days in advance of the conference, and the Hotel will store the materials in a secure location.

Please complete the hotel shipping form on page 2. All shipping must be pre-paid or the Credit Card Authorization form must be completed (p 3).

Each package should be labeled as follows:

Loews Chicago O'Hare Hotel  
C/O Zina Jameson  
5300 N River Rd  
Rosemont, IL 60018  
EVENT: CHSS 2018 Annual Meeting, Oct 21-22, 2018  
Exhibiting Company & Booth #: \_\_\_\_\_  
Onsite Rep Name: \_\_\_\_\_  
Cell: \_\_\_\_\_

Boxes # \_\_\_\_\_ of # \_\_\_\_\_ Boxes

## Handling and Receiving Fees:

Letters:	Complimentary
0-5LBS	\$7.00
6-25LBS	\$15.00
25-50LBS	\$25.00
51-99LBS	\$40.00
100LBS+ or pallets	\$175.00 each

# CHICAGO O'HARE

PLEASE COMPLETE THIS FORM FOR YOUR SHIPPING REQUIREMENTS

SUBMIT TO ZINA JAMESON

[zina.jameson@loewshotels.com](mailto:zina.jameson@loewshotels.com)

## Exhibitor On-Site Contact Information:

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

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

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

CELL PHONE: \_\_\_\_\_

**In-bound Shipping: Shipments will not be accepted earlier than 3 days before the event, October 18, 2018.**

- I will NOT be shipping anything to the conference
- I estimate shipping approximately \_\_\_\_\_ (# of) boxes to the Loews Chicago O'Hare Hotel. Please indicate dimensions and details (Tracking Numbers preferred) for any boxes you will be shipping:

---

---

## Return Shipping

- I have a FedEx Express Account and will bring my own form for shipping
- I have a UPS Account and will bring my own form for shipping
- I do not have a UPS or FedEx account but have read the instructions below and will bring my own form with payment information for shipping
- I will NOT have a return shipment

## Payment

- I would like all handling/Receiving charges billed to my hotel guestroom: \_\_\_\_\_
- I would like all handling/Receiving charges billed to my credit card. Please fill out attached credit card form.

## Handling & Receiving Charges:

- |  |               |
|--|---------------|
| <input type="radio"/> Letters            | Complimentary |
| <input type="radio"/> 0-5lbs             | \$7.00/box    |
| <input type="radio"/> 6-25lbs            | \$15.00/box   |
| <input type="radio"/> 25-50lbs           | \$25.00/box   |
| <input type="radio"/> 51-99lbs           | \$40.00/box   |
| <input type="radio"/> 100lbs+ or Pallets | \$175.00 each |

## Outgoing Packages

It is the group's responsibility to arrange for pick-up and shipment of all packages. We advise bringing ready to ship labels since the hotel does not have a full service package room.

Packages will be picked up from meeting space and brought to the shipping area at the conclusion of the event. Due to limited on-site storage, there will be a \$25.00/day, per item charge for all packages left at the property more than three (3) business days.

Pick-up of packages should be scheduled Monday-Friday 7:00 AM to 4:30 PM.



**Credit Card Authorization Form for Group and Catering Event**

I hereby authorize the Loews Chicago O’Hare Hotel to use this credit card as the method of payment for any advanced deposits as well as the final payment pertaining to my event.

**Type of Credit Card (please circle)**

**American Express | Visa | Mastercard | Discover | JCB | Diner’s Club**

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Printed Name of Cardholder: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Group or Catering Event: **CHSS 2018 Annual Meeting**

**LOCATION: Loews Chicago O’Hare**

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

**Please complete this form in full and fax to 847-447-4055**

Card Holder’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_