

CHICAGO O'HARE

PLEASE COMPLETE THIS FORM FOR YOUR SHIPPING REQUIREMENTS FOR the CHSS 2021 Annual Meeting

SUBMIT TO ZINA JAMESON

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 20, 2021.**

PLEASE USE FOLLOWING AS LABEL TEMPLATE:

Loews Chicago O'Hare Hotel

C/O Zina Jameson

5300 N River Rd

Rosemont, IL 60018

EVENT: CHSS 2021 Annual Meeting, Oct 24-25

Company Name & Booth #: _____

Onsite Rep Name: _____

Cell: _____

Boxes # _____ of # _____ Boxes

- 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"/> 25-50lbs | \$25.00/box |
| <input type="radio"/> 0-5lbs | \$7.00/box | <input type="radio"/> 51-99lbs | \$40.00/box |
| <input type="radio"/> 6-25lbs | \$15.00/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.

PLEASE COMPLETE FORM ON NEXT PAGE



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 2021 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: _____