

# CHICAGO O'HARE

## HOTEL EXHIBITOR FORM

PLEASE COMPLETE THIS FORM FOR SHIPPING REQUIREMENTS.

If submitting form only (no credit card authorization), please email to: [aida.miljkovic@loewshotels.com](mailto:aida.miljkovic@loewshotels.com)

If submitting with credit card authorization, please fax to: 1.847.447.4055 Attn: Aida Miljkovic

**\*\*for security reasons, we are unable to accept forms with credit card authorizations via email\*\***

### Sponsor On-Site Contact Information:

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

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

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

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

### In-Bound Shipping

- 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:

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### 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. Packages will not be delivered to booth area unless form of payment is received.

### 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 |

**All packages and boxes sent to the hotel must be marked as follows:**

**Address packages to:**

- Group's Name
- Onsite Contact Name:
- Exhibitor Name/ Booth # (if applicable):
- Attn: CSM
- Loews Chicago O'Hare
- 5300 N River Road
- Rosemont, IL 60018
- (# of total boxes)

**Outgoing Packages**

Packages will be picked up from meeting space and brought to the shipping area at the conclusion of the event. We advise bringing ready to ship labels since we do not have a full service package room.

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.

Thank you.



**Loews Chicago O'Hare**  
Credit Card Authorization Form

I hereby authorize Loews Chicago O'Hare to charge my credit card for the following:

- Room & Tax
  - Room, Tax, Food & Beverage
  - All Charges
  - Other (Please Specify): \_\_\_\_\_
- 

Type of Credit Card (please circle):

American Express / Visa / MasterCard / Discover / JCB / Diner's Club

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (3 digits on back of Visa/MasterCard, 4 digits on front of American Express)

Cardholder Name: \_\_\_\_\_

E-Mail Address of Cardholder: \_\_\_\_\_

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

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

Name of Guest(s): \_\_\_\_\_

Reservation Confirmation Number: \_\_\_\_\_

Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ Rate: \_\_\_\_\_

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

- Please complete this form in full and fax back to 877-748-1478, along with a clear copy of both sides of the credit card to be charged and a copy of the cardholder's photo ID.
- Please note that the credit card will be charged in full upon receipt of this form.
- Cancellations must be made before 4:00pm local time 24 hours prior to arrival to avoid a one night room and tax penalty. Please obtain a cancellation number. Refunds will not be issued without a cancellation number.