

Please return signed form to fax#703-253-8687 or email to louie.dottavio@westinalexandria.com

EXIBITOR FORM

Conference: _____ Exhibitor Co. Name: _____

Contact: _____ Phone #: _____ Email: _____

Meeting Room Name: _____ Setup Date: _____ Time: _____

Teardown Date: _____ Time: **3:00 PM to 5:00 PM**

| QTY | EQUIPMENT/SERVICE | COST | Subtotal | # Days | Total |
|-----------------|--|------------------|----------|--------|-------|
| | Exhibitor draped with 2 chairs and waste basket | \$100.00* | | | |
| | Telephone with outside Line, 1 st day *(Plus Calls) | \$150.00* | | | |
| | Telephone with outside Line, additional days | \$ 50.00* | | | |
| INTERNET | | | | | |
| | Wired/Wireless Internet - 1 user, per day | \$30.00* | | | |
| | Wired/Wireless Internet up to 10 users, per day | \$300.00* | | | |
| | Wired/Wireless Internet up to 25 users, per day | \$500.00* | | | |
| | Wired/Wireless Internet up to 50 users, per day | \$1000.00* | | | |
| | Wired/Wireless Internet up to 75 users per day | \$1500.00* | | | |
| | Wired/Wireless Internet up to 100 Users | \$2000.00* | | | |
| | Static IP Address, per address | \$ 20.00* | | | |
| | Network Port Connections – Special Setups | \$ 50.00* | | | |
| | Custom Configurations – One Time Setup Fee | \$100.00* | | | |
| | 8 Port Switch Rental, per day | \$ 50.00* | | | |
| | 16 Port Switch Rental, per day | \$100.00* | | | |
| POWER | | | | | |
| | Power ran to Booth | \$45.00** | | | |

* plus 6% sales tax **plus 6% sales tax and 25% service charge

Box Shipping & Receiving:

In-Bound – due to limited space boxes should not be shipped to the Hotel sooner than 3 days prior to your event. Please label packages attention to Louie D'Ottavio (Event Manager) /name of the group and the company.

Pricing:

| | |
|-------------------|---------|
| 0 to 5 Pounds = | \$5.00 |
| 6 to 20 Pounds = | \$10.00 |
| 21 to 50 Pounds = | \$15.00 |
| Over 50 Pounds = | \$25.00 |

Outbound - \$10.00 per Box Handling Fee **Must schedule a pickup with FedEx/UPS**

All exhibitor payments **must** be made via credit card – the credit card will be charged **72 hours prior** to the event start date. Please fill out the attached credit card authorization form and return with your order form. Bills will be sent to email address above. All forms must be submitted to the group contact and sent as a group to the hotel CS Manager at least 2 submitted forms will be addressed directly with the exhibitor contact provided on the form. NOTE: **ALL SERVICE REQUEST MADE THE DAY OF EVENT WILL BE ASSESSED AN ON SITE FEE OF \$75.00**

Agreed & Signed by _____

_____ Date

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Please fax attention to Accounting Department
703-253-8687

Due to increase in Credit Card Fraud and protection of the cardholder, we must request that this form be completed in entirety. Please be aware that completion of this letter does not ensure approval of your request. Please be certain that all signature requests are all clear and legible.

Group Master Bill Information

Event Date: _____
Function Name: _____
Sales/Service Manager: _____

Credit Card Information:

Credit card Type: _____
Number: _____ Exp. Date: _____

Card Holder's Billing Information:

First Name: _____
Last Name: _____
Address: _____
City: _____
State: _____
Country: _____
Zip/Postal Code: _____
Telephone: _____
Email: _____

As the authorized credit card holder, I authorized the above charges:

Card Holder's Initials: _____

Agreed & Signed by _____

Date _____