



EXHIBITOR REQUEST FORM

Sheraton Pittsburgh Hotel at Station Square



Please return completed forms to

PACKAGES & SHIPPING			
SIZE	RATE	QTY	EXTENDED
< 5 lbs			
6-20 lbs			
21-50 lbs			
> 50 lbs			
Pallet/Crate			
SUB TOTAL			
<p>***Packages may not arrive at the hotel more than 3 business days prior to your event. The hotel will hold items for no more than 2 business days following an event.***</p>			
<p>Address all packages as follows: <i>The Sheraton Station Square Hotel</i> <i>300 W Station Square Drive</i> <i>Pittsburgh PA 15219</i> <i>[Name of event & Your Company Name]</i> <i>Attn: [On-site vendor contact]</i> <i>C/O Convention Services</i></p>			
<p>Return Shipping It is the responsibility of the vendor/guest to pack and label all boxes/packages appropriately and call a carrier of your choice to schedule pick-up. A Bill of Lading must be completed for outbound shipments via common carrier or van line. (not needed for FedEx or UPS) Completed Bill of Ladings must be given to your Convention Services Manager BEFORE your departure from the hotel.</p>			

AUDIO VISUAL & ELECTRICAL			
Total number of days equipment is needed:			
EQUIPMENT/SERVICE	DAILY RATE	QTY	EXTENDED
Standard Power (15 amp)			
Dedicated 20 amp			
Additional Power - MUST CALL	CALL		
Wireless Internet			
Hardline Internet			
24" Monitor with table stand			
55-60" Monitor with floor stand			
70-75" Monitor with floor stand			
Laptop Computer (Windows)			
Laptop Computer (MacOS)			
Whiteboard			
Standard Flipchart			
Adhesive Flipchart			
SUB TOTAL			

SUMMARY OF CHARGES	
PACKAGES & SHIPPING SUB TOTAL	
AUDIO VISUAL & ELECTRICAL SUB TOTAL	
SERVICE CHARGE	
PA SALES TAX	
GRAND TOTAL	
<p>Upon receipt of this form your Convention Services Manager will send you a secure credit card link for payment. This card will be charged in advance of your arrival. This form must be received no less than one week before your event date to ensure audio visual equipment and service availability. After this, availability is determined on a first come first served basis with remaining inventory.</p>	

CONTACT INFORMATION	
Conference Name:	Company Name:
Show Date(s):	Address:
Exhibit Room:	City:
Booth/Table #:	State: Zip:
On-site Vendor Name:	Signatory Name:
Phone:	Signatory Email:
Email:	Approval Signature: