



Exhibitors may ship materials no earlier than 3 days prior to arrival, as storage is limited, which would be October 22<sup>nd</sup>. If exhibitors are staying on property they may charge shipping fees to their rooms or complete and return the credit card authorization form on the next page. Below is the required shipping label information as well as the outline of shipping fees.

Company Name: \_\_\_\_\_

On-Site Contact Name: \_\_\_\_\_

Booth #: \_\_\_\_\_

NESPS, Salon E, 10/25/18

Box 1 of ##

c/o: Jennifer Fruscillo

Renaissance Boston Waterfront Hotel

606 Congress Street

Boston, MA 02210

Box receiving and storage pricing is as follows and is based on weight per box:

- 1 – 20 lbs \$5.00 per box
- 21 – 50 lbs \$10.00 per box
- 51 + lbs \$30.00 per box
- Case or Trunk \$30.00 per case / trunk
- Pallets \$85.00 each

Exhibitors may leave their packages in the ballroom completely packed with a prepaid shipping label at the end of the event and the hotel will pick up and deliver to the shipping area. There will be regularly scheduled pick-ups from both UPS and Fedex.

For additional questions about shipments please contact the event manager below:

JENNIFER FRUSCILLO | Jennifer.Fruscillo@renaissancehotels.com

SENIOR EVENT MANAGER

Renaissance Boston Waterfront Hotel

606 Congress Street, Boston, MA 02210

T617.342.5421 | F617.342.5424



EXHIBITOR
NESPS 2018 Annual Meeting
October 26-28, 2018

Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to the Events department 617.342.5424.

Cardholder Information

Name as it appears on the credit card:

Card type: [ ] Visa [ ] MC [ ] Amex [ ] Diners/CB [ ] Discover [ ] JCB

Account type: [ ] Individual (personal credit card)

[ ] Corporate | Company Name:

Account number: Exp. date:

Address: (where statement is mailed)

City, State and Zip:

Phone number: Fax or alternate number:

Guest Information

Guest name:

Company:

Phone number: Fax or alternate number:

Confirmation number:

Arrival date: Departure date:

Relation to cardholder: [ ] Relative [ ] Friend [ ] Business Associate [ ] Other:

Rate Information and Approved Charges

Room rate:\* Taxes:\* Total daily rate:\* Number of nights:

\*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

[ ] All Charges [ ] Room & Tax [ ] Telephone (LD) [ ] Telephone (Local) [ ] Restaurant

[ ] Room Service [ ] Valet (Laundry) [ ] Parking [ ] HS Internet Access [ ] Movies

[ ] Other:

I certify that all information is complete and accurate. I hereby authorize the Renaissance Boston Waterfront Hotel to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed)

Cardholder signature: Date: