



# HILTON LOS ANGELES AIRPORT EXHIBITOR PACKAGE HANDLING FORM

A package handling fee for exhibit freight shipped to the Hilton Los Angeles Airport will be charged by the hotel. This is a one-way service from loading dock to storage to exhibit location. For shipping of crates or oversized items, please contact the mail and package room at (310) 410-4000 ext. 2595. A handling fee of \$5.00 will be charged for outbound shipments. Arrangements for outbound shipping should be made with the hotel once on-site by requesting and outbound package shipping form. The following charges apply:

## PALLET CHARGES

Pallets (#)	0-99lbs	100-199lbs	200-299lbs	300-399lbs	400-499lbs	500-599lbs
1	\$60	\$65	\$70	\$75	\$80	\$85
2	\$120	\$125	\$130	\$135	\$140	\$145
3	\$180	\$185	\$190	\$195	\$200	\$205
4	\$240	\$245	\$250	\$255	\$260	\$265
5	\$300	\$305	\$310	\$315	\$320	\$325

## SHIPPING CHARGES

Boxes	0-99lbs	100-199lbs	200-299lbs	300-399lbs	400-499lbs	500-599lbs
1	\$5	\$10	\$15	\$20	\$25	\$30
2	\$10	\$15	\$20	\$25	\$30	\$35
3	\$15	\$20	\$25	\$30	\$35	\$40
4	\$20	\$25	\$30	\$35	\$40	\$45
5	\$25	\$30	\$35	\$40	\$45	\$50

Payment may be made by credit card or billed to your room account if you are a hotel guest. Fax this completed form to (310) 410-6176 (Attn: Christine Barkley) or mail directly to the hotel to the attention of the Package Room.

**Please address all packages in the following manor:**

Hilton Los Angeles Airport Hotel

Conference Name

Attn: (your on-site contact, NOT the event manager)

Room/Booth number package is to be delivered to Hotel Address

Hilton Los Angeles Airport Hotel  
5711 West Century Boulevard, Los Angeles, CA 90045-5631  
Tel: +1 310 410 4000



TRADESHOW NAME \_\_\_\_\_

DATES \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CONTACT \_\_\_\_\_ ON-SITE CONTACT \_\_\_\_\_

BOOTH # \_\_\_\_\_

APPROXIMATE WEIGHT OF SHIPMENT (if known) \_\_\_\_\_

NUMBER OF PIECES \_\_\_\_\_

NAME OF SHIPPER \_\_\_\_\_

TRACKING NUMBER \_\_\_\_\_

### **PAYMENT METHOD:**

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CARD TYPE \_\_\_\_\_

CARDHOLDERS NAME \_\_\_\_\_

CARDHOLDERS SIGNATURE \_\_\_\_\_

CHECK HERE TO BILL CHARGES TO YOUR GUEST ROOM ACCOUNT: \_\_\_\_\_