

Embassy Suites Nashville SE
- Murfreesboro
1200 Conference Center Blvd
Murfreesboro, TN 37129

Exhibitor Service Order Form

Our Catering Services Department is here to assist you with your exhibit needs. Please fill out the following 2 forms to ensure proper billing and set-up. If you are shipping materials directly to the Hotel, please use the shipping information on page 3.

Date of Function	on:	Event Name:			
Booth:		Number of Days:			
Contact Inform	nation:	•			-
Gues	at Name:	Company:			
	et Address:	City, State, Zip Code:			
	phone Number:				
_		rax Number.			
	I Address:				
*All charges	s/rentals are calculated per day- 23% se	rvice charge and	d 9.75% sales ta	ix will be added	I to all orders
Electrical Serv					
# Ordered	Description	Advance Order	Floor Order	# of Days	Total Amount
	Additional Dedicated 110V 15A Circuit	\$35.00	\$50.00		L.
	Custom Power Connection		Please Call (615) 21	6-5425 For Pricing '	·* T
	AC Extension Cord	\$15.00	\$20.00		_
	AC Outlet Strip	\$15.00	\$20.00		
	Additional Electrical Services ction for power and lights only; no other use author	**	Please Call (615) 21	6-5425 For Pricing '	**
	nd/or power columns are not part of the rental space		xhibitor use.		
Internet Servic # Ordered	e: Description	Advance Order	Floor Order	# of Days	Total Amount
# Ordered	Additional Wireless Internet Connection	\$10.00	\$15.00	# UI Days	Total Amount
	Wired High Speed Data Connection	\$75.00	\$100.00		+
	Static I.P. Address with Splash Page Bypass	\$75.00	\$100.00		
	Ctatic I.i . Address with opiasi i age bypass	Ψ1 3.00	Ψ100.00		<u>.I.</u>
AV Service:					
# Ordered	Description	Advance Order	Floor Order	# of Days	Total Amount
	21" LCD Display	\$75.00	\$100.00		
	42" LCD Screen with Floor Stand	\$200.00	\$300.00		
	55" LCD Screen with Floor Stand	\$250.00	\$350.00		
	Laptop Audio – D.I., Mixer & 8" Powered Speaker	\$195.00	\$225.00		
	5500 Lumen LCD Projector with 6' Screen	\$425.00	\$475.00		
* Additional i	tems available by request. Call (615) 215-542	25 for information			
Chinnina.					
Shipping: # Ordered	Description		Advance Order	Floor Order	Total Amount
# Ordered	1 – Box Receipt and Storage - up to 36" x 24" x 24	II .	\$10.00	\$10.00	Total Amount
			\$25	\$25	
	1 – Box Receipt and Storage - Larger boxes / displ	ay cases	, i	· ·	
	Prior to 72 Hours of Event Start (Additional)		\$5.00	\$5.00	
	1 – Pallet/Package +250 lbs. Receipt and Storage		\$100.00	\$100.00	
	Prior to 72 Hours of Event Start (Additional)		\$50.00	\$50.00	
Special Instruct	ions:				
Order Authories	ad Dvr				
Order Admonize	ed By: Signature		Departm		
	Gigilature		Departin	OIIL	



Credit Card Payment Authorization Form

Please complete all cardholder areas below and submit the <u>signed and dated</u> form to the FAX number listed below.

<u>Do not send the completed form by Email.</u>

This form must be received at least five (5) days prior to Check-In, or by the data specified within the event contract, to ensure that the credit card is accepted and approved.

Please Fax Completed Form To:	(615) 216-5440	Atte	ention:	Accounting Office			
For Hotel Use Only:							
Authorized Amount:	Approval C	lode:		Date:			
Cardholder: Please complete th	ne following section. Sign and	date at the botto	om of this form	٦.			
Guest / Group Name:		Check-In / Event Date:					
Name of Person Making Reserv		Phone:					
Cardholder Name Exactly as it A	Appears on the Credit Card:						
Cardholder Billing Address:							
Daytime / Business Phone:		Evening Ph	none:				
Credit Card Type: (Circle One) Visa MasterCar	rd American Expres	ss Disc	cover	JCB	Diners Club		
Credit Card Number:			Expiration	n Date:			
Credit Card Issuing Bank Name	:		Phone:				
I agree to cover, and pay for, th All Charges Room & Tax Laundry Gift Shop Sp.		ring Liquor	Paid Movies	Valet Parking	Standard Parking e Federal Express		
I agree to cover, and pay for, th	ne above categories of charges	up to a Maximu	m Amount of:				
rect Bill Account Payments Onl	ly:						
Name on Invoice / Statement:		Date o	Date on Invoice / Statement:				
Invoice / Statement Number:	Autho	Authorized Amount: \$					
ote: Charges for room and tax,	group deposits or direct bill	account pavme	ents will be ch	arged to your c	redit card immedia		
ny incidental charges circled al	oove will be charged at the ti	ime of Check-Ou	ıt.				
mount to be immediately charge							
nal Balance Billed to the Credit C	•						
y signing below, you authorize th mount" listed above. You further eposit) will be charged to the abo	r acknowledge that if "all charg	ges" has been sele	ected, then all	guest / group re			
ardholder Signature:		Date:					



Package Shipment Information

All packages should be shipped and INDIVIDUALLY labeled to the hotel with the following information:

EMBASSY SUITES NASHVILLE SE MURFREESBORO GROUP OR SHOW NAME

ATTENTION: Registered Guest Name/Group On-Site Contact and Group Arrival Date 1200 CONFERENCE CENTER BOULEVARD MURFREESBORO, TN 37129

Multiple boxes/containers should each be marked as follows:

"(Box number) of (total number shipped)." For example: Box 1 of 2, Box 2 of 2

Shipping Policies:

- 1) All packages sent should be labeled as listed above.
- 2) The hotel will only accept shipments on the preceding three (3) days before the event (see Exhibitor Order Form for pricing on earlier delivery).
- 3) Upon receipt of the Exhibitor Order Form, listing amount of boxes and/or pallets, hotel will provide delivery to the event location on the date of setup.
 - Group Representatives/Exhibitors will sign for all shipments and are responsible for all unpacking and setup of exhibit items.
- 4) At the conclusion of the show, the Group Representative/Exhibitors will be responsible for all dismantling, repacking and sealing of outbound shipments.
- 5) All outbound shipments will require completed shipping documents, including billing account numbers. **Client must set up pickup with designated shipping vendor.**
- 6) Hotel cannot accept any C.O.D. shipments.

Incoming Shipping Charges:

(Charge includes receiving, storage & handling)