

Penfield's handles all shipping and receiving for the Hotel. With the completion of this form we will be able to coordinate all movements upon request. Any service requests or questions please call us at 303-626-2547 or ext 2547 from any house phone.

Please return this form to penfields5@penfields.com or fax to 303-352-2486

Penfield's Hours of Operation

Monday-Friday 7:00 am till 8:00 pm
Saturday and Sunday 8:00 am till 5:00pm
Loading Dock available same hours (fee's apply)

Penfield's Printing Service

Orders details please contact penfields5@penfields.com

- | | |
|----------------|---------------|
| -Notary Public | -Letter heads |
| -Fliers | -Tri Folds |
| -Brochures | -Envelopes |
| -Posters | -Note Pads |
| -Banners | -Booklets |

Please allow 3-4 Business days

All packages are stored in our secured areas.
Packages are subject to receiving fees and outbound processing fees based on weight ranges.

PENFIELD'S STANDARD RATES

Letter	No charge
Packages 1-5 lbs	\$ 8.95
Packages 6-20 lbs	16.95
Packages 21-40 lbs	29.95
Packages 41-50 lbs	39.95
Packages 50+ lbs	59.95
Display Case	59.95 up to 100 lbs / 101 lbs + 89.95
Pallet	149.95 up to 299lbs
Pallet	299.95 up to 300-599lbs
Pallet	449.95 up to 600-899lbs
Pallet	599.95 up to 900+ lbs

Oversize Dimension and Weights generate additional fees shipments, \$5 per box \$25 per crate/pallet per day extended storage.

Payment Information

Credit Card #		Expiration Date	CVC code
Print Name			# of packages
Address			# of Crated
Phone Number		Billing Zip Code	#of Pallets
Company Name			Resources or additional services requested
Event Name			
Event Date	Date Shipped	Booth #	

By signing below I am authorizing Penfield's to charge my Credit Card Listed above for all handling fees for this conference.

Inbound Handling Fees		Outbound Handling Fees	
Signature	Date	Signature	Date

Outbound Shipping

Sheraton Denver Downtown Hotel | 1550 Court Place | Denver CO, 80202
Phone 303-626-2547 | Fax 303-352-2486 | penfields5@penfields.com | Penfield's Office

Sender's Name _____

Phone Number _____ Email _____

Recipient's Name _____ Phone Number _____

Company Name _____

Address: _____

City: _____ State: _____ Zip: _____ Country: USA _____

Payment Method

Credit Card info provided under payment
Information will be charged .

Booth #

Weights & Dimensions

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Shipping Method

FedEx

First Overnight
Priority Overnight
Standard Overnight
2Day
Express Saver
Ground

UPS

Next Day Early AM
Next Day Air
Next Day Air Saver
2nd Day
3 Day
Ground

Other Carrier

Tracking # _____

Third Party Account # _____

Billing Zip Code _____

Insurance Requested-Value: \$ _____

Number of Packages _____

**We will repackage or reinforce your packing if it is deemed
necessary to meet carriers standards**

Additional packing required: _____

Total Amount _____

Special Services

Saturday Delivery
Signature Required

Transportation \$ _____

Shipping Charges \$ _____

Packing Supplies \$ _____

Handling Charges \$ _____

\$ _____

*The Business Center will not be liable for packages lost or damage incurred during shipping.
A credit card must be provided for ALL shipments. Packages may be subject to additional fees.*

I understand the above statement and agree to all charges, terms and conditions.

Signature: _____

Date: _____