

CAESARS PALACE RESORT & CASINO
Convention Parcel Center
 3570 Las Vegas Blvd., S
 Las Vegas, NV 89109
 Ph: 702-731-7270 Fax: 702-731-7234
 gcarter@caesars.com



TABLETOP EXHIBIT SHIPMENTS—25 maximum exhibit hall

NAME OF EVENT (SHOW NAME / SHOW DATE):

COMPANY NAME:

TABLE #:

CONTACT NAME:

PHONE #:

EMAIL ADDRESS:

For Assistance, please call 702-731-7270 to speak to one of our Parcel Center Managers.

INBOUND PACKAGE HANDLING SERVICES

Your shipment will be delivered and available in the exhibit area providing the Hotel Packaging Center has received your completed Exhibitor Credit Card Authorization Form.

Recipients that do not fax Exhibitor Credit Card Charge Authorization Form are to contact the **Parcel Center at 702-731-7270** to arrange for delivery to the exhibit space. **Package Center Delivery Hours of are 7:00AM – 6:00PM daily.**

PACKAGE HANDLING FEES

There is a standard handling & processing charge that is assessed to all packages and freight that are sent to The Caesars Package Center based on weight of each piece.

SERVICE FEES (Under 25 Tabletop Exhibit Hall)
Service Charge is based on individual Boxes/Tubes (Inbound/Outbound) By Weight (lbs.):

Letters.....	5.00 each
0 – 10.....	10.00 each
11 – 20.....	15.00 each
21 – 30	20.00 each
31 – 40.....	30.00 each
41 – 60.....	40.00 each
61 – 80.....	50.00 each
81 –100.....	80.00 each
100+.....	.80 each pound
Pallet /Skid/Crate.....	400.00 each for standard pallet size.

ADDRESS REQUIREMENT

First & Last Name (Guest)
 Caesars Package Center
 3570 Las Vegas Blvd., S.
 Las Vegas, NV 89109

Event Name & Dates
 Guest Mobile Contact Number
 _____ of _____ (ex. 1 of 10)

Standard pallet size is 40" x 48"

Oversized Pallets/Crates/Skids are subject to additional charge.

*All prices subject to change



CAESARS PALACE RESORT & CASINO
Convention Parcel Center
3570 Las Vegas Blvd., S
Las Vegas, NV 89109
Ph: 702-731-7270 Fax: 702-731-7234
gcarter@caesars.com



EXHIBITOR CREDIT CARD CHARGE AUTHORIZATION

NAME OF EVENT (SHOW NAME / SHOW DATE): _____

COMPANY NAME: _____

TABLE #: _____

CONTACT NAME: _____

PHONE #: _____

EMAIL ADDRESS: _____

For Assistance, please call 702-731-7270 to speak to one of our Parcel Center Managers.

Credit Card Number: (To be entered on the bottom of the form in the boxes provided)

Cardholder's Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: (_____) _____ **Fax Number:** (_____) _____

Expiration Date: ____ / ____

Estimated Amount to be charge: \$ _____ **Date to be Charged:** _____ **Daily Limit:** \$ _____

I authorize and acknowledge all of the aforementioned charges and any additional charges will be posted to my credit card in the form of an advance deposit or for full payment for the person(s)/function(s) designated above. I acknowledge that any cancellation fees, penalties or minimum requirements agreed to in our signed contract/order form/package manifest, etc. may also be charged to my credit card. I understand that upon receipt of this form, Caesars Entertainment, may hold sufficient funds to cover the anticipated charges.

X _____

Cardholder's Signature

Date

Please fax the completed form and all other related documents to: (702)731-7234 ATTN: GEORGE CARTER

This Block for Company use only:

Charge Processed by (Employee Name): _____

Employee to enter the date card information was entered into POS System: _____

Employee to enter the reference to the Confirmation Number or the Transaction Number the charge is applied to: _____

Customers—Please enter each digit of your Credit Card Number in the 16 blocks provided below:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Card numbers to be removed and destroyed after posting of final charge)

