



EXHIBITOR SHIPPING FORM
(OUTGOING SHIPPING)

GROUP NAME: _____
DATE OF EVENT: _____

Name: _____
Company: _____
Address 1: _____
Address 2: _____
City: _____
Comments/Instructions: _____
Phone: _____
State: _____ Zip: _____

SHIPPING FROM:

Name: _____
Email: _____
Carrier: FedEx _____ UPS _____

***All Boxes must be Pre-Labeled; The Resort does not supply labels or packaging materials**

SHIPPING TIERS:

Next Day ☐ Two Day ☐ Three Day ☐ Ground ☐ Saturday ☐
Insurance: \$ _____

Signature required for delivery? Circle One (Yes / No)

BILLING / PAYMENT: ** Guest Room Charges Only ** (Do Not Bill to Master Account)

Shipper Name: _____ Room #: _____
Name on Reservation: _____
Mailing Address: _____
Cell #: _____

ESTIMATED COST: \$3.50 Handling Fee Per Box, Per Move, Incoming & Outgoing

BOXES: _____ TOTAL COST: _____

SHIPPER APPROVAL SIGNATURE:

I give my permission to charge the above dollar amount, due for outgoing boxes, to my Guest Room at Omni La Costa.

Signature: _____ Date: _____

BOXES RECEIVED BY:

Omni Employee Name: (Please Print) _____ Date: _____