## NC Rheumatology Association Exhibitor Form

## Please return the vendor form by Friday, 2/28.

Vendor Name:	
Mailing Address:	
Contact Name:	Phone Number:
On-site contact:	Phone Number:
Tracking Numbers:	
Estimated time of delivery: (Packages are to arrive no	earlier than Wed, 3/12)
Please list below the number of items to be shipped by	by your company:
# Pallet (no wider than 34", no taller than 78")	
# Crate/Display Case	
# 5lb or less including envelopes	
# 6lbs to 20lbs	
# 21lbs to 50lbs	
# Over 50lbs	
Shipping Information:  Please send your items to the following address:  Washington Duke Inn, 3001 Cameron Blvd, Durh  Attn: Jessi Newcomb  The group name, vendor company name and the	am, NC 27705 e contact's name should be listed on the shipping label.
<b>Return Shipping:</b> Please make sure to bring the r FedEx Labels. All items must be picked up by Mo	eturn shipping labels with you. We do have UPS and inday, 3/17.
meeting contact for location and access to deliveries.	ng and moving their materials. They must check in with their The Washington Duke Inn is not responsible for moving consible for the movement and preparation for delivery pick up.
Please list below the Audio Visual requirements	of your booth:
# Power strip & Extension Cord Package	\$17.50 per package
# Ethernet connection	\$80.00 each
# 65" Monitor	\$250.00 per monitor
	subject to 7.5% sales tax and 24% service charge. Once Porization form via our Sertifi Secure System to confirm the

Please contact the Conference Services Manager with any questions:

Jessi Newcomb

Direct Line: 919-313-9602 Email: <u>inewcomb@wdigc.com</u>