VENDOR SHIPPING/RECEIVING REQUEST FORM

GROUP:	Duke Li	EADING EDGE UROLOGY – April 3 – 6, 2014
VENDOR SET-UP DATE: Thursday, April 3, 2014 @ TIME: 7:00 a.m. VENDOR NAME:		
When shipping materials to Pinehurst, please follow these steps to ensure that your materials are delivered and received on time, and at the appropriate location. Due to space limitations, please do not send materials more than one week prior to your group's arrival date. Please address all packages as follows:		
		Name of Vendor On-site Representative Duke LEADING EDGE UROLOGY Christine McCullough Carolina Hotel/Pinehurst 80 Carolina Vista Drive Pinehurst, NC 28374
When multiple packages are being shipped, please number each of the boxes. Our warehouse will receive all packages and keep them secure until you arrive. Packages should not be received more than 5 days prior to the event.		
The following	Shipping	Receiving charges will apply:
Receiving:		\$10.00 per package \$100.00 per crate or pallet
Outbound Shipp	oing:	\$10.00 per package (In addition to weight if not billed to a company account or credit card) \$100.00 per crate or pallet
Proper shipping forms must be completed		
 Full payment must accompany this form or your order will not be accepted. Services are not refundable for no-shows. Refunds will only be granted outside 14 days. Freight Company pick-up/drop-off times are Monday – Friday, 8:00am – 4:00pm The hotel does not own a forklift Staff prohibited from off-loading freight from delivery trucks 		
METHOD OF P	AYMENT	(CHECKS WILL NOT BE ACCEPTED)
CREDIT CARD: Card #		Exp Date:
	older Nar	·
VENDOR COMPANY NAME: Address:		
Phone Author	: rized Sigr	ner: Date:
Receipt to be sent to:		
(fax number or email address)		

Phone: 910- 235-8493

Fax: 910-255-3371

RETURN TO:

PINEHURST, LLC Conference Services Attn: Christine McCullough 80 Carolina Vista Drive Pinehurst, NC 28374