



www.carolinatd.com

P.O. Box 220051 P. 704-366-9970  
Charlotte, NC 28222 F. 704-635-7099

Questions about this form?  
Email us at [help@carolinatd.com](mailto:help@carolinatd.com) or  
call 704-366-9970.

DC Rheumatology Forum  
Renaissance Washington DC  
Washington, DC  
October 18-19, 2019

## IMPORTANT SHOW INFORMATION

**DEADLINE DATE:**  
**October 4 , 2019**

If we receive your order on or  
before this date please utilize  
the discounted rates listed.

Dear DC Rheumatology Forum Exhibitor,

Carolina Tradeshow Decorators is proud to have been chosen for the DC Rheumatology Forum. If you find while going through our forms that you need something you do not see, please feel free to call us. Chances are we can provide the item and/or service(s). We look forward to serving you!

Booth Drape Colors: Black

Booth Package Includes: 8' high backdrape  
3' high siderail  
(1) 6' Table skirted  
(2) Folding chairs  
(1) Wastebasket  
Exhibitor ID sign

Hotel Ballroom Carpeted? Yes

Exhibitor Install: Friday- October 18, 2019 7:00 a.m. - 10:00 a.m.

Exhibit Hours: Friday - October 18, 2019 11:00 a.m. - 11:30 a.m.  
Attendee Exhibit Hall Break  
12:30 p.m. - 1:30 p.m.  
Attendee Lunch w/exhibitors  
4:15 p.m. - 4:45 p.m.  
Attendee Exhibit Hall Break  
Saturday - October 19, 2019 10:00 a.m. - 10:30 a.m.  
Attendee Exhibit Hall Break

Exhibitor Dismantle: Saturday- October 19, 2019 10:30 a.m. - 11:30 a.m.

Discounted Furniture  
Deadline: Friday - October 4, 2019

Advance Shipping  
Deadline: Monday - October 14, 2019

Carrier Check-in  
Deadline: Saturday - October 19, 2019 11:00 a.m.



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## LIMITS OF LIABILITY

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Carolina Tradeshow Decorators (herein referred to as CTD) and its subcontractors shall not be liable for ordinary wear and tear in the handling of equipment, damage, loss, glass breakage, concealed damage or delay to uncrated freight, wrapped freight, freight improperly packed, even if CTD has been advised of the potential for such damages. Relative to inbound shipments, there may be a lapse of time between the delivery of shipment(s) to the booth by CTD and the arrival of the Exhibitor's representative at the booth. Similarly, relative to outgoing shipment(s), it is possible that there may be a lapse of time between the completion of packing and the actual pick up of freight from the booth for loading onto a carrier. It is expressly stated herein, that during such times the shipment(s) will be left in the booth unattended. Therefore, it is agreed that CTD shall not be liable for any loss of, disappearance of, or damage to Exhibitor's freight after the same has been delivered to Exhibitor's booth, nor shall CTD be liable for any loss or damage to Exhibitor's freight before it is picked up from the Exhibitor's booth for loading after the show. Consequently, all material handling forms covering outgoing shipment(s) submitted to CTD by Exhibitor will be checked at the time of pickup from the booth and corrected where discrepancies exist. CTD shall not be liable for any loss, delay or damage due to events beyond their reasonable control which cannot be avoided by the exercises of due care and prudence, including without limitation, strikes, labor disputes, lockouts or work stoppages of any kind, acts of terrorism, fire, theft, windstorm, water, vandalism, acts of God, mysterious failure of power or utilities, and other events of force majeure. It is understood that CTD is not an insurer. Insurance, if any, shall be obtained by the Exhibitor, at its sole cost and expense. Amounts payable by CTD hereunder are based upon the scope of the liability as herein set forth and are unrelated to the value of the Exhibitor's property. It is further understood and agreed that CTD does not provide for full liability should loss or damage occur. In the event that CTD should be found liable for loss or damage to Exhibitor's equipment, the liability shall be limited to the specific article that was physically lost or damaged. As set forth herein, such liability shall be limited to a sum equal to \$.30 per pound per article, with a maximum liability of \$50.00 per item or \$1,000.00 per shipment, whichever is less, as agreed upon damages, and which shall be the sole and exclusive remedy. Provisions of this paragraph shall apply if loss or damage, regardless of cause or origin, results directly or indirectly to property through the performance or nonperformance of obligations imposed by the offering of services to Exhibitors or from negligence, active or otherwise, by CTD.

CTD SHALL NOT BE LIABLE TO ANY EXTENT WHATSOEVER FOR INDIRECT, SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, DELAY; ANY ACTUAL, POTENTIAL OR ASSUMED LOSS OF PROFITS OR REVENUE; LOSS OF USE OF EQUIPMENT OR PRODUCTS, OR ANY COLLATERAL COSTS THAT MAY RESULT FROM ANY LOSS, INJURY OR DAMAGE TO EXHIBITOR'S MATERIALS OR EXHIBITOR PERSONNEL WHICH MAY MAKE IT IMPOSSIBLE OR IMPRACTICAL TO EXHIBIT THE EXHIBITOR'S MATERIALS, EVEN IF CTD HAS BEEN ADVISED OF THE POTENTIAL FOR SUCH DAMAGES.

Claims for loss or damage must be submitted to CTD by the close of the show. No suit or action shall be brought against CTD more than one year after the cause of action accrues. The Exhibitor agrees, in connection with the receipt, handling, temporary storage, accessible storage and reloading of its freight, that CTD will provide these services as Exhibitor's agent and not as bailee or shipper, and CTD shall have no responsibility or obligation thereunder. If CTD shall sign a delivery receipt, bill of lading or other document, the parties agree that CTD will do so as the Exhibitor's agent, and the Exhibitor accepts the responsibility thereof. CTD shall not be liable for shipments received without receipts or freight bills or specified unit counts on receipts or freight bills, or a bulk shipment such as UPS, air freight, or van lines. Such shipment counts will be subject to verification and delivered to booth without guarantee of piece count or condition. Empty container labels will be available at the Exhibitor Service Center. Affixing the labels is the sole responsibility of the Exhibitor or its representative. It is understood that these labels are used for EMPTY STORAGE ONLY, and CTD assumes no responsibility or liability for loss or damage to contents while containers are in storage or for mislabeled containers. In order to expedite removal of freight from the show site, CTD shall have the authority to change designated carriers, if such carriers do not pick up on time. Where no disposition is made by the Exhibitor, freight will be taken to a warehouse to await Exhibitor's shipping instructions, and the Exhibitor agrees to be responsible for payment of charges relating to such handling at the warehouse. CTD assumes no liability as a result of such rerouting or handling. The Exhibitor agrees, in the event of a dispute with CTD relative to any loss or damage to any of the Exhibitor's freight or equipment, that the Exhibitor will not withhold payment in any amount due to CTD for freight handling services or any other services provided by CTD as an offset against the amount of the alleged loss or damage. Instead, the Exhibitor agrees to pay CTD prior to the close of the show for all such charges and further agrees that any claim the Exhibitor may have against CTD shall be pursued independently by the Exhibitor as a completely separate transaction to be resolved on its own merits. The placing of an order for the services of tradesmen and the use of equipment by an exhibitor or any agent of the exhibitor shall be construed as an offer subject to the acceptance and approval of CTD in its sole discretion. Upon CTD's acceptance and approval, the Exhibitor and its agents shall be bound by the terms and conditions set forth above. Likewise, once CTD has accepted and approved the Exhibitor's offer, any shipper consigning or delivering a shipment to CTD on behalf of Exhibitor shall be bound by the terms and conditions set forth above.



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## THIRD PARTY GUIDELINES/EAC FORM

DC Rheumatology Forum  
Renaissance Washington DC  
Washington, DC  
October 18-19, 2019

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If we receive your order on or  
before this date please utilize  
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|                     |            |                 |
|---------------------|------------|-----------------|
| Company Name:       | Email:     | Booth Number(s) |
| Billing Address:    | Phone:     |                 |
| City / State / Zip: | Fax:       |                 |
| Contact Name:       | Signature: |                 |

Please complete and submit this authorization form with required documentation for each contractor to CTD if hiring a service contractor(s) other than the official contractor selected by show management. Note: for services such as electrical, plumbing, telephone, cleaning and freight, no contractor other than the official contractor will be approved.

This regulation is enforced as equipment and facilities are the sole responsibility of the respective owner. The exhibitor shall control only the material and equipment that he/she owns and that is to be used in the exhibit space. Official Service Contractors are appointed to perform and provide necessary services and equipment. The Official Service Contractors will provide all usual trade show services, including labor. Supervision, however, may be provided by the exhibitor. The exhibitor may appoint either the official contractor for supervision or a qualified non-official contractor.

### Official Show Contractors:

1. Ensure orderly and efficient installation and removal of exhibits.
2. Assure the distribution of labor to all exhibitors according to need.
3. Provide sufficient labor to satisfy the requirements of exhibitors and for the show itself.
4. See that the proper type and limits of insurance are in force.
5. Avoid any conflict with local union regulations and requirements.

### Official Service Contractors

Should an exhibitor wish to employ the services of a contractor other than the Official Show Contractor, the following conditions MUST be met:

1. The EXHIBITOR must inform CAROLINA TRADESHOW DECORATORS of the name and address of the contractor and the work to be performed by completing the authorization on the payment form. The authorization must be received by the CTD office no later than 30 days prior to the show. If notification is NOT received 30 days prior to the show, CTD reserves the right to require that CTD labor be used for all work and the exhibitor appointed contractor will be permitted to supervise only.
2. The contractor hired by the exhibitor must:
3. Provide no later than 30 days prior to the show a certificate of insurance with at least the following limits: Comprehensive General Liability not less than \$1,000,000 with respect to injuries to any one person in one occurrence; \$2,000,000 with respect to injuries to more than one person in any one occurrence; and \$500,000 with respect to damage of property; Workers' Compensation Insurance, including employee liability coverage, in a minimum amount not less than \$1,000,000 of individual and/or aggregate coverage, and naming Carolina Tradeshow Decorators as additional insured.
4. Agree to abide by all rules and regulations of the show.
5. Agree to abide by all union rules and regulations.
6. Wear identification badges at all times. Temporary labor badges will be provided. Badges will be issued only to representatives of said contractor assigned to supervise, install, dismantle or maintain exhibits and exhibit related equipment.

|                     |            |
|---------------------|------------|
| Third Party:        | Email:     |
| Billing Address:    | Phone:     |
| City / State / Zip: | Fax:       |
| Contact Name:       | Signature: |



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## PAYMENT FORM

DC Rheumatology Forum  
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Washington, DC  
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|                     |            |                 |
|---------------------|------------|-----------------|
| Company Name:       | Email:     | Booth Number(s) |
| Billing Address:    | Phone:     |                 |
| City / State / Zip: | Fax:       |                 |
| Contact Name:       | Signature: |                 |

### Payment Terms & Conditions:

Carolina Tradeshow Decorators required payment in full with your order. If you wish to charge your orders to your credit card, please complete the information below and submit with your initial order. Subsequent orders will automatically be charged to the same account number. If you claim tax exempt status you must send us a copy of your tax exempt certificate issued by the federal government or state in which the event is taking place.

### Third Party Authorization:

We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges incurred. In the event the third party named below does not make payment, such charges will be presented to the exhibiting firm, and exhibiting firm will make payment to CTD prior to the close of the show. (Signature required below.)

|                     |            |
|---------------------|------------|
| Third Party:        | Email:     |
| Billing Address:    | Phone:     |
| City / State / Zip: | Fax:       |
| Contact Name:       | Signature: |

### Please indicate which items/services are to be invoiced to the third party:

☐ All CTD Services ☐ Booth Labor ☐ Furniture/Carpet ☐ Floral ☐ Booth Cleaning ☐ Freight Handling ☐ Rigging & Forklift

### Please fill out credit card info below:

We accept Cash, Check, American Express, MasterCard and Visa.

Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax # \_\_\_\_\_



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| Company Name:       | Email:     | Booth Number(s) |
| Billing Address:    | Phone:     |                 |
| City / State / Zip: | Fax:       |                 |
| Contact Name:       | Signature: |                 |

### Standard Carpet Selections

| Carpet size | Qty. | Discount Price | Standard Price | Extended Price |
|-------------|------|----------------|----------------|----------------|
| 10' x 10'   |      | \$ 300.00      | \$ 450.00      |                |
| 10' x 20'   |      | \$ 600.00      | \$ 900.00      |                |
| 10' x 30'   |      | \$ 900.00      | \$ 1350.00     |                |
| 10' x 40'   |      | \$ 1100.00     | \$ 1300.00     |                |

### Padding & Visqueen

| Description    | Qty. | Discount Price | Standard Price | Extended Price |
|----------------|------|----------------|----------------|----------------|
| Padding - sqft |      | \$ 1.75        | \$ 2.25        |                |
| Visqueen       |      | \$ 1.00        | \$ 1.50        |                |

### Custom Carpet Size

| Please fill-in size requested below | Total sqft | Discount Price | Standard Price | Extended Price |
|-------------------------------------|------------|----------------|----------------|----------------|
|                                     |            | \$ 4.50        | \$ 6.50        |                |

### Plush Carpet - 30 oz

| Please fill-in size requested below | Total sqft | Discount Price | Standard Price | Extended Price |
|-------------------------------------|------------|----------------|----------------|----------------|
|                                     |            | \$ 6.50        | \$ 9.00        |                |

\_\_\_\_\_ Black \_\_\_\_\_ Blue \_\_\_\_\_ Burgundy \_\_\_\_\_ Gray \_\_\_\_\_ Green \_\_\_\_\_ Red \_\_\_\_\_ Purple \_\_\_\_\_ Teal \_\_\_\_\_ Gold

**Exhibit Hall is  
Carpeted**

- Equipment is provided on a rental basis and remains property of CTD.
- No Credit will be issued after close of show.
- Items ordered and delivered, but subsequently cancelled, will still be charged at 50% of the price.

|               |  |
|---------------|--|
| Sub-Total:    |  |
| 6% Sales Tax: |  |
| Total:        |  |



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## TABLES, DRAPERY & ACCESSORIES

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|                     |            |                 |
|---------------------|------------|-----------------|
| Company Name:       | Email:     | Booth Number(s) |
| Billing Address:    | Phone:     |                 |
| City / State / Zip: | Fax:       |                 |
| Contact Name:       | Signature: |                 |

### Draped Tables

| Table Size<br>depth x length x height | Qty. | Discount<br>Price | Standard<br>Price | Extended<br>Price |
|---------------------------------------|------|-------------------|-------------------|-------------------|
| 2' x 4' x 30"                         |      | \$ 150.00         | \$ 200.00         |                   |
| 2' x 6' x 30"                         |      | \$ 175.00         | \$ 225.00         |                   |
| 2' x 8' x 30"                         |      | \$ 200.00         | \$ 250.00         |                   |
| 2' x 4' x 40"                         |      | \$ 175.00         | \$ 225.00         |                   |
| 2' x 6' x 40"                         |      | \$ 200.00         | \$ 250.00         |                   |
| 2' x 8' x 40"                         |      | \$ 225.00         | \$ 275.00         |                   |

### Undraped Tables

| Table Size<br>depth x length x height | Qty. | Discount<br>Price | Standard<br>Price | Extended<br>Price |
|---------------------------------------|------|-------------------|-------------------|-------------------|
| 2' x 4' x 30"                         |      | \$ 100.00         | \$ 150.00         |                   |
| 2' x 6' x 30"                         |      | \$ 115.00         | \$ 165.00         |                   |
| 2' x 8' x 30"                         |      | \$ 135.00         | \$ 200.00         |                   |
| 2' x 4' x 40"                         |      | \$ 125.00         | \$ 175.00         |                   |
| 2' x 6' x 40"                         |      | \$ 150.00         | \$ 200.00         |                   |
| 2' x 8' x 40"                         |      | \$ 175.00         | \$ 225.00         |                   |

### Chairs

| Chair Type            | Qty. | Discount<br>Price | Standard<br>Price | Extended<br>Price |
|-----------------------|------|-------------------|-------------------|-------------------|
| Padded Arm - Gray     |      | \$ 90.00          | \$ 140.00         |                   |
| Padded Side - Gray    |      | \$ 90.00          | \$ 125.00         |                   |
| Padded Stool - Gray   |      | \$ 110.00         | \$ 160.00         |                   |
| Secretarial Chair     |      | \$ 120.00         | \$ 170.00         |                   |
| Folding Chair - Black |      | \$ 30.00          | \$ 45.00          |                   |

### Accessories

| Description              | Qty. | Discount<br>Price | Standard<br>Price | Extended<br>Price |
|--------------------------|------|-------------------|-------------------|-------------------|
| Literature Rack          |      | \$ 160.00         | \$ 210.00         |                   |
| Easel                    |      | \$ 60.00          | \$ 85.00          |                   |
| 22"x28" Sign Holder      |      | \$ 100.00         | \$ 150.00         |                   |
| Bag Stand                |      | \$ 125.00         | \$ 175.00         |                   |
| Garment Rack             |      | \$ 125.00         | \$ 175.00         |                   |
| Coat Tree                |      | \$ 125.00         | \$ 175.00         |                   |
| Wastebasket              |      | \$ 25.00          | \$ 45.00          |                   |
| 30" x 30" Pedestal Table |      | \$ 200.00         | \$ 250.00         |                   |
| 30" x 40" Pedestal Table |      | \$ 225.00         | \$ 275.00         |                   |

### Draping

| Description                              | Qty. | Discount<br>Price | Standard<br>Price | Extended<br>Price |
|------------------------------------------|------|-------------------|-------------------|-------------------|
| Table Draping 30"<br>(4th side of table) |      | \$ 60.00          | \$ 80.00          |                   |
| Table Draping 40"<br>(4th side of table) |      | \$ 60.00          | \$ 80.00          |                   |
| 3' drape - Per foot                      |      | \$ 11.00          | \$ 15.00          |                   |
| 8' drape - Per foot                      |      | \$ 17.00          | \$ 23.00          |                   |

\_\_\_\_\_ Black \_\_\_\_\_ Blue \_\_\_\_\_ Burgundy \_\_\_\_\_ White \_\_\_\_\_ Gray \_\_\_\_\_ Green \_\_\_\_\_ Red \_\_\_\_\_ Purple \_\_\_\_\_ Teal \_\_\_\_\_ Gold

- Equipment is provided on a rental basis and remains property of CTD.
- No Credit will be issued after close of show.
- Items ordered and delivered, but subsequently cancelled, will still be charged at 50% of the price.

|               |  |
|---------------|--|
| Sub-Total:    |  |
| 6% Sales Tax: |  |
| Total:        |  |



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DC Rheumatology Forum  
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Washington, DC  
October 18-19, 2019

## CLEANING

**DEADLINE DATE:**  
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before this date please utilize  
the discounted rates listed.

|                     |            |                    |
|---------------------|------------|--------------------|
| Company Name:       | Email:     | Booth<br>Number(s) |
| Billing Address:    | Phone:     |                    |
| City / State / Zip: | Fax:       |                    |
| Contact Name:       | Signature: |                    |

## CLEANING

All rates are based on the total square footage of your exhibit space. (100 sq. ft. minimum)

| Booth Dimensions                            | Total Area                   | Discount Price          | # of days              | Extended Price         |
|---------------------------------------------|------------------------------|-------------------------|------------------------|------------------------|
| <input type="text"/> X <input type="text"/> | <input type="text"/> sq. ft. | X (per day) .80 per sq. | <input type="text"/> X | = <input type="text"/> |

- No Credit will be issued after close of show

|            |  |
|------------|--|
| Sub-Total: |  |
| Total:     |  |



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LABOR

DC Rheumatology Forum  
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Washington, DC  
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|                     |            |                 |
|---------------------|------------|-----------------|
| Company Name:       | Email:     | Booth Number(s) |
| Billing Address:    | Phone:     |                 |
| City / State / Zip: | Fax:       |                 |
| Contact Name:       | Signature: |                 |

Please choose Labor option below;

☐ In Booth Labor

RATES:

Straight Time - \$159.50  
Overtime - \$287.00

- Straight Time: (8:00 a.m. - 4:30 p.m. Monday through Friday)
- Overtime: (4:30 p.m. - 8:00 a.m. Monday through Friday all day Saturday and Sunday)
- Orders placed on show site will be charged an additional 30% per man hour
- Man hours are charged a 1 hour minimum for the first hour then half hour increments.

### INSTALLATION

|       | Number of men        | Estimated hours        | Rate per man           | If CTD Supervision<br>Multiply x 1.40 | Total Estimated Cost   | Date                 | Time                 |
|-------|----------------------|------------------------|------------------------|---------------------------------------|------------------------|----------------------|----------------------|
| Day 1 | <input type="text"/> | X <input type="text"/> | X <input type="text"/> | X <input type="text"/>                | = <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day 2 | <input type="text"/> | X <input type="text"/> | X <input type="text"/> | X <input type="text"/>                | = <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day 3 | <input type="text"/> | X <input type="text"/> | X <input type="text"/> | X <input type="text"/>                | = <input type="text"/> | <input type="text"/> | <input type="text"/> |

### DISMANTLE

|       | Number of men        | Estimated hours        | Rate per man           | If CTD Supervision<br>Multiply x 1.40 | Total Estimated Cost   | Date                 | Time                 |
|-------|----------------------|------------------------|------------------------|---------------------------------------|------------------------|----------------------|----------------------|
| Day 1 | <input type="text"/> | X <input type="text"/> | X <input type="text"/> | X <input type="text"/>                | = <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day 2 | <input type="text"/> | X <input type="text"/> | X <input type="text"/> | X <input type="text"/>                | = <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day 3 | <input type="text"/> | X <input type="text"/> | X <input type="text"/> | X <input type="text"/>                | = <input type="text"/> | <input type="text"/> | <input type="text"/> |

☐ **EXHIBITOR SUPERVISION**  
Exhibitor must come to the CTD service desk to sign in and out labor.  
If you do not cancel your labor within 24 hours of installation or dis-  
mantle you will be charged a one hour minimum per man.

☐ **CTD SUPERVISION**  
All labor will be charged an additional 40% on total labor bill  
for supervision. Exhibitor must forward all appropriate paper-  
work prior to installation and/or dismantle.

Contact \_\_\_\_\_

- Cancellation fee equals 1 hour per man if cancelled less than 24 hours in advance or on site.
- No Credit will be issued after close of show.
- By utilizing this form exhibitors acknowledge that they have read and agree to comply with the Limits of Liability statements contained herein.

|                        |  |
|------------------------|--|
| Estimated Labor:       |  |
| CTD Supervision Fee:   |  |
| Total Estimated Labor: |  |





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## INBOUND/OUTBOUND SHIPPING QUOTE

South West Rheumatology Forum  
Sheraton Downtown Oklahoma City  
Oklahoma City OK  
October 4-5, 2019

|               |        |
|---------------|--------|
| Company Name: | Email: |
| Contact Name: | Phone: |

|                 |
|-----------------|
| Booth Number(s) |
|-----------------|

**CTD NOW OFFERS SHIPPING SERVICES TO AND FROM YOUR EVENT. PLEASE  
FILL IN THE INFORMATION BELOW TO GET A QUOTE. IF ACCEPTABLE, CTD  
WILL ARRANGE PICK-UP/DELIVERY TO THE SHOW AND RETURN IF YOU LIKE.**

### TO EVENT - PICK-UP LOCATION:

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Pick-up Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
# of cardboard boxes \_\_\_\_\_ skids \_\_\_\_\_ plastic cases \_\_\_\_\_ wooden crates \_\_\_\_\_ carpet/padding roll \_\_\_\_\_  
Estimated weight of all pieces \_\_\_\_\_

### FROM EVENT - SHIP TO LOCATION:

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Pick-up Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
# of cardboard boxes \_\_\_\_\_ skids \_\_\_\_\_ plastic cases \_\_\_\_\_ wooden crates \_\_\_\_\_ carpet/padding roll \_\_\_\_\_  
Estimated weight of all pieces \_\_\_\_\_

If there any special circumstances for your pick-up /delivery please indicate below;

(i.e. Residential pick-up, liftgate needed, call before pick-up/delivery. If nothing is indicated we will assume that a loading dock is available for pick-up.)

|  |
|--|
|  |
|  |
|  |
|  |



www.carolinatd.com

P.O. Box 220051 P. 704-366-9970  
Charlotte, NC 28222 F. 704-635-7099

Questions about this form?  
Email us at help@carolinatd.com or  
call 704-366-9970.

## FREIGHT HANDLING INFORMATION SHEET

**DEADLINE DATE:**  
**October 4, 2019**

If we receive your order on or  
before this date please utilize  
the discounted rates listed.

DC Rheumatology Forum  
Renaissance Washington DC  
Washington, DC  
October 18-19, 2019

|                     |            |                 |
|---------------------|------------|-----------------|
| Company Name:       | Email:     | Booth Number(s) |
| Billing Address:    | Phone:     |                 |
| City / State / Zip: | Fax:       |                 |
| Contact Name:       | Signature: |                 |

| CATEGORY               | DESCRIPTION                                                                                                                                                                                    | RATE PER CWT                        |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| A                      | Any freight coming to the ADVANCE WAREHOUSE on or before OCTOBER 14, 2019 via common carrier and be unloaded at the warehouse dock with no additional handling requirements.                   | \$ 142.25                           |
| B                      | Any freight coming to the ADVANCE WAREHOUSE on or before OCTOBER 14, 2019 via UPS, FEDEX, US Mail, Van Line or other specialized carrier.                                                      | \$ 185.00                           |
| D                      | <b>**NOT RECOMMENDED**</b> Any freight coming to the SHOW SITE on or after OCTOBER 18, 2019 via common carrier and be unloaded at the Show Site dock with no additional handling requirements. | \$ 148.50                           |
| E                      | <b>**NOT RECOMMENDED**</b> Any freight coming to the SHOW SITE on or after OCTOBER 18, 2019 via UPS, FEDEX, US Mail, Van Line or other specialized carrier.                                    | \$ 193.25                           |
| P                      | <b>**NOT RECOMMENDED**</b> Any freight coming to the SHOW SITE on or after OCTOBER 18, 2019 via UPS or FEDEX with a total shipment of 50 pounds or less qualifies for this service.            | \$ 50.00 FIRST<br>\$ 20.00 ADDL BOX |
| Off Target - Warehouse | Any freight arriving after OCTOBER 14, 2019 to the ADVANCE WAREHOUSE will be charged this additional fee.                                                                                      | \$ 30.00                            |
| Overtime to Show Site  | Any freight arriving before 8:00 a.m. or after 4:00 p.m. Monday through Friday, All day Saturday and Sunday will be charged this additional fee.                                               | \$ 35.00                            |
| Off Target - Show Site | Any freight arriving before OCTOBER 18, 2019 to the SHOW SITE will be charged this additional fee.                                                                                             | \$ 25.00                            |

### 200 lb minimum charge per shipment

| Category | Estimated Weight | X | Per 100 lbs 200 lbs minimum (Round up to next 100 pounds) | Extended Price |
|----------|------------------|---|-----------------------------------------------------------|----------------|
|          |                  | X |                                                           |                |
|          |                  | X |                                                           |                |
|          |                  | X |                                                           |                |

| Advance Warehouse Address                                              | Show Site Address |
|------------------------------------------------------------------------|-------------------|
| CTD / DCRF<br>C/O UPS FREIGHT<br>2400 BEAVER RD.<br>LANDOVER, MD 20785 | NOT AVAILABLE     |

# ADVANCE WAREHOUSE

MUST BE DELIVERED ON OR BEFORE  
OCTOBER 14, 2019

TO: CTD / DCRF  
C/O UPS FREIGHT  
2400 BEAVER RD.  
LANDOVER, MD 20785



BOOTH: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

DCRF

OCTOBER 2019

ADVANCE WAREHOUSE

MUST BE DELIVERED ON OR BEFORE  
OCTOBER 14, 2019

TO: CTD / DCRF  
C/O UPS FREIGHT  
2400 BEAVER RD.  
LANDOVER, MD 20785



BOOTH: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

DCRF

OCTOBER 2019



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South West Rheumatology Forum  
Sheraton Downtown Oklahoma City  
Oklahoma City OK  
October 4-5, 2019

## OUTBOUND BILL OF LADING & LABELS REQUEST

**\*\*Only fill this form out if  
you did not  
previously fill out the In-  
bound/Outbound  
Shipping Quote Form\*\***

|                     |            |                    |
|---------------------|------------|--------------------|
| Company Name:       | Email:     | Booth<br>Number(s) |
| Billing Address:    | Phone:     |                    |
| City / State / Zip: | Fax:       |                    |
| Contact Name:       | Signature: |                    |

Every outbound shipment will require a CTD bill of lading. We offer pre-printed bills of lading and shipping labels for your convenience. If you are arranging for CTD to tear down your exhibit, you are required to fill out this form. If you are shipping via any carrier other than the designated show carrier, you must in addition to our bill of lading have the proper paperwork for your carrier. Once your shipment is packed and ready to ship, please return this bill of lading to our service desk with the confirmed piece counts and estimated weights.

# of labels needed \_\_\_\_\_ **SHIP TO:** Carrier Requested \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attention \_\_\_\_\_ Telephone \_\_\_\_\_

## SHIPPING CHARGES BILLED TO:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attention \_\_\_\_\_ Telephone \_\_\_\_\_

In case your designated carrier does not check-in by 11:00 a.m. on OCTOBER 19, 2019 you must designate an alternative option below.

Re-route show  
carrier \_\_\_\_\_

Return to warehouse at exhibitors  
expense. MINIMUM CHARGE \$125 \_\_\_\_\_





# ELECTRICAL SERVICES FORM

NAME OF EVENT: \_\_\_\_\_

BOOTH NUMBER: \_\_\_\_\_

DATE & TIME OF INSTALL: \_\_\_\_\_

ON-SITE

DATE & TIME OF TEARDOWN: \_\_\_\_\_

CONTACT: \_\_\_\_\_

| Equipment                                      | Price    | # of Days | QUANTITY                    | TOTAL COST |
|------------------------------------------------|----------|-----------|-----------------------------|------------|
| Powerstrip and Extension Cord                  | \$30.00  |           |                             |            |
| 10 Amp Quad Box                                | \$130.00 |           |                             |            |
| 115 V 20 Amp                                   | \$180.00 |           |                             |            |
| <b>*Prices below are per day / per 20 amps</b> |          |           |                             |            |
| 208 V Single Phase 20 Amp                      | \$220.00 |           |                             |            |
| 208 V Three Phase 20 Amp                       | \$300.00 |           |                             |            |
|                                                |          |           | <b>Sub total</b>            |            |
|                                                |          |           | <b>Service Charge (25%)</b> |            |
|                                                |          |           | <b>Tax (5.75%)</b>          |            |
|                                                |          |           | <b>Grand Total</b>          |            |

## Additional Information for Exhibitors

- **Please call 202.962.4385 if you have questions**
- In order to serve you better, attach any information, diagrams, etc. that will assist our staff
- All equipment regardless of source of power must comply with all federal and local safety codes.
- Under no circumstances shall anyone other than the "House Electrician" make electrical connections.
- User must supply rated male and female plug\*\* 208V single or three phase user must supply rated male and female plug
- **FAX THIS FORM AND THE COMPLETED CREDIT CARD AUTHORIZATION FORM TO 202.682.3375**

Please provide all the information requested below as a form of payment for all event charges as outlined in your Group Sales Agreement (Guest Rooms, Food & Beverage, AV, Miscellaneous, Service Charges and Taxes).

**Cardholder Information**

Name as it appears on the credit card: \_\_\_\_\_

Card type: ☐ Visa ☐ MC ☐ Amex ☐ Diners/CB ☐ Discover ☐ JCB

Account type: ☐ Individual (personal credit card)

☐ Corporate | Company Name: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Address:  
(where statement is mailed) \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

**Event Information**

Name of Event: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

\_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

Event Dates: \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize **RENAISSANCE WASHINGTON DC DOWNTOWN HOTEL** to collect payment for all authorized charges associated with this event by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only:  
Estimated Charges: \_\_\_\_\_ Folio # \_\_\_\_\_