

## SHIPPING DIRECT TO CASHMAN CENTER



MATERIALS / EQUIPMENT TO BE USED AT THE SHOW MAY BE SHIPPED DIRECTLY TO CASHMAN CENTER. HOWEVER, IT MUST **NOT** ARRIVE PRIOR TO THURSDAY, **NOVEMBER 17, 2011**.

Shipments received will automatically be delivered to your booth. There will be a delivery fee (in addition to your shipping charges) as shown on the SHIPPING INSTRUCTIONS FORM. ***Arrangements for shipping from SnowJam to your next event or back to your office must be made at the service counters during show hours on Saturday or Sunday (11/19 or 11/20).*** CC or Cash payments for outbound shipments are accepted on site (See attached SHIPPING INSTRUCTIONS FORM). PLEASE DIRECT ANY QUESTIONS REGARDING THIS FORM TO (951) 587-6266.

These labels may be cut and used for shipping your materials to SnowJam (*photocopy this page for additional labels*)

SHIP TO:

\_\_\_\_\_  
*NAME OF EXHIBITOR*

**c/o CASHMAN CENTER  
850 N. Las Vegas Blvd.  
Las Vegas, NV 89101**

**SHOW NAME: SnowJam Las Vegas**

**BOOTH #:** \_\_\_\_\_

**EXHIBITOR MATERIALS**

***Driver Delivery Problems at Las Vegas  
Call (951) 362-0300 or (951) 201-6982***

SHIP TO:

\_\_\_\_\_  
*NAME OF EXHIBITOR*

**c/o CASHMAN CENTER  
850 N. Las Vegas Blvd.  
Las Vegas, NV 89101**

**SHOW NAME: SnowJam Las Vegas**

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# DIRECT SHIPPING – SNOWJAM LAS VEGAS INFORMATION FORM



RETURN FORM TO: SnowJam 43537 Ridge Park Dr., Ste 101 Temecula, CA 92590 \* Phone (951) 587-6266 \* Fax (951) 587-6515

|                                    |            |                    |                |  |
|------------------------------------|------------|--------------------|----------------|--|
| Company _____                      |            | Booth Number _____ |                | <b>Limitation of Liability:</b><br>(Exhibiting Company) hereby releases SnowJam, its agents, employees and other representatives from any and all losses or claims in connection with the handling of Exhibiting Company's shipments, including but not limited to damage, theft, or loss for any reason whatsoever. |
| Address _____                      | City _____ | State _____        | Zip Code _____ |  |
| Phone Number _____                 |            |                    |                |  |
| Authorized Contact Signature _____ |            |                    |                |  |

## **DIRECT SHIPMENT INFORMATION TO CASHMAN CENTER** (Available for all Shipments) – **USE ATTACHED LABELS**

Direct Shipments may be sent directly to the Cashman Center for arrival no sooner than 8:00 AM Thursday **11/17/10**, nor later than 2pm Friday, **11/18/10**.  
**INCLUDES:** Receiving of your materials, and delivery to your booth. Also included is assistance in shipping out the remaining cartons (via UPS or FedEx only – Both Ground & Overnight Available – Shipper must have an open account with carrier).

### MAKE OUT THE BILL OF LADING AND CONSIGN AS FOLLOWS:

YOUR COMPANY NAME: \_\_\_\_\_  
 CONSIGNS TO: SNOWJAM, BOOTH # \_\_\_\_\_  
 c/o SnowJam  
 Cashman Center  
 850 N. Las Vegas Blvd.  
 Las Vegas, NV 89101

**November 17, 2011**  
 First day for shipment to arrive at the  
 Cashman Center

| SMALL PACKAGE SHIPMENTS DIRECT TO CASHMAN  | NO OF CARTONS | FIRST CARTON   | EACH ADD'L CARTON | TTL EST CHARGE |
|--|---------------|----------------|-------------------|----------------|
| Fax a Copy of the Bill of Lading / or other paper work showing tracking numbers to (951) 587-6515. We cannot assist you to find packages without this information. |               | <b>\$25.00</b> | <b>\$5.00</b>     |                |

### NO CRATED / PALLET SHIPMENTS ACCEPTED

THERE WILL BE NO FORK SERVICE AVAILABLE AT THE CASHMAN CENTER. PALLETIZED SHIPMENTS MUST CONTAIN BOXES WEIGHING NO MORE THAN 50 LBS EACH. PALLETIZED SHIPMENTS WILL BE BROKEN DOWN AND UNLOADED BY HAND AT THE RATES SHOWN ABOVE. OUTBOUND SHIPPING AFTER THE SHOW WILL BE BY INDIVIDUAL BOX ONLY – THERE WILL BE NO OUTBOUND PALLETIZED SHIPMENTS.

Please charge the following credit card with amount indicated for Shipment Handling. I understand that should I require additional assistance on site, you will obtain authorization from me at that time.

SIGNATURE \_\_\_\_\_

(Cir One) MC VISA AMEX CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ 20 \_\_\_\_\_

\*\* If paying by Visa/MC please include 3-digit "V Code" found on back of card at end of account number: \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ ADDRESS (If Different) \_\_\_\_\_

**FAX THIS FORM TO (951) 587-6515**