



ST. CHARLES CONVENTION CENTER

EXHIBITOR SERVICE ORDER FORM

1 CONVENTION CENTER PLAZA

ST. CHARLES, MO 63303

WWW.STCHARLESCONVENTIONCENTER.COM

PHONE: (636) 896-1801 FAX: (636) 896-1802



EXHIBITOR SHIPPING & RECEIVING

Event:	Company Name:		
Event Move In Date:	Mailing Address:		
Date Received SCCC:	City:	State:	Zip:
Received by:	Phone:	Fax:	
Date Claimed:	Event location/Booth #:		

SHIPMENTS RECEIVED PRIOR TO THE FIRST MOVE IN DAY AT SCCC WILL BE CHARGED A STORAGE FEE. PLEASE SEE RATES BELOW. Items sent directly to SCCC on move in day will not incur a fee. A representative **MUST** be present to retrieve shipments. All outbound shipping must be arranged through your courier of choice. All equipment, freight, decorations, and miscellaneous items must be removed from the premises at the expiration of the Licensee's contract. Unless outbound shipping arrangements are made with SCCC, items left behind will be treated as abandoned and disposed of as the facility sees fit. The SCCC is not responsible for lost or misplaced freight. SCCC is not responsible for any materials left unattended.

Package	QTY	Price per package (First Day)	# of additional days	Price per additional day through move in	TOTAL
---------	-----	-------------------------------	----------------------	--	-------

INBOUND SHIPPING

Small Packages				
Hand carryable item up to 50 lbs AND smaller than 2'w x 21 x 2'h package		\$25.00		\$12.50
Large Packages				
Item over 50 lbs, or larger than 2'w x 21 x 2'h		\$40.00		\$20.00
Package with movement by forklift		\$60.00		\$30.00
If your package arrives on move in day and is unable to be hand carried:				
Non-Motor Pallet jack w/ operator **		\$35/hour	1 hour minimum applies	
Forklift w/operator **		\$70/hour		

OUTBOUND SHIPPING

Small Packages				
Hand carryable item up to 50 lbs AND smaller than 2'w x 21 x 2'h package		\$12.50		N/A
Large Packages				
Item over 50 lbs, or larger than 2'w x 21 x 2'h		\$20.00		N/A
Package with movement by forklift		\$30.00		N/A

Please make checks payable to:
St. Charles Convention Center

PAYMENT INFORMATION

Credit Card Type:	Credit Card Number:
Expiration Date:	Security Code (Last 3 digits on back of card or 4 digits on front of Amex.)
Name on card (Please Print)	
Signature	Date
Billing Address:	
City:	State: Zip:

All terms, conditions, and rates on this form are subject to change at any time without notice.

Total Sales	\$
x 7.4% Sales Tax	
SUBTOTAL	\$
x 1% Tourism Tax (of subtotal)	
GRAND TOTAL	\$