

**PALM BEACH COUNTY CONVENTION CENTER**

650 Okeechobee Blvd.

West Palm Beach, FL 33401

Phone: 561-366-3451

Email: [exhibitorservices@pbconventioncenter.com](mailto:exhibitorservices@pbconventioncenter.com)**EXHIBITOR SERVICES - FREIGHT RECEIVING SERVICE FORM****Freight Recieving Policy**

- The PBCCC will not accept any freight or materials including overnight freight services, more than 1 DAY PRIOR to your contracted move- in date.
- All shipments for exhibits must be coordinated and shipped to your official service contractor, if applicable.
- Deliveries arriving during move-in or show days will be directed to the on-site representative of the client's contracted freight service.

*If shipments arrive at the PBCCC prior to the move-in date, the PBCCC will accept the delivery so that your event will not be delayed due to non-received materials; however, a Storage Fee is REQUIRED prior to receiving stored items on-site*

|                     |                |        |           |
|---------------------|----------------|--------|-----------|
| Event Name:         | Event Date(s): | From:  | To:       |
| Exhibiting Company: | Booth #:       |        |           |
| Shipping Address:   | City:          | State: | Zip Code: |
| Shipped By:         | Phone:         | Cell:  |           |
| On-Site Contact:    | E-Mail:        |        |           |

| STORAGE DESCRIPTIONS                           | # OF ITEMS | PROJECTED # OF DAYS IN STORAGE | RATE    | TOTAL |
|--|------------|--------------------------------|---------|-------|
| Storage Rates - Boxes (per box/per day)        |            |                                | \$25.00 | \$    |
| Storage Rates - Bulk/Pallets (per box/per day) |            |                                | \$75.00 | \$    |
| SUBTOTAL                                       |            |                                |         | \$    |
| X 6.5% Tax                                     |            |                                |         | \$    |
| GRAND TOTAL                                    |            |                                |         | \$    |

*By completing, signing and returning this form, customer agrees to all terms and conditions printed on this form and related documents. The PBCCC reserves the right to correct orders that have been figured incorrectly or adjusted invoice to actual days items have been stored.*

*The PBCCC reserves the right to hold stored items until Storage Fee payment has been received. Tax rates are subject to change without notice.*

**PAYMENT INFORMATION**

|                              |                            |                  |            |                    |
|------------------------------|----------------------------|------------------|------------|--------------------|
| Circle One:                  | Visa                       | American Express | MasterCard | Discover           |
| Credit Card Number:          | Expiration Date (MM/YY): / |                  |            | Security Code/CVV: |
| Name on Card (Please Print): |                            |                  |            |                    |
| Billing Address:             | City:                      | State:           | Zip:       |                    |
| Authorized Signature:        | Date:                      |                  |            |                    |

*I ALSO AUTHORIZE CHARGING ANY UNPAID BALANCES TO MY CREDIT CARD*

**THIS AREA FOR PBCCC USAGE ONLY**

DATE ITEMS RECEIVED: \_\_\_\_\_ DATES ITEMS RETRIEVED: \_\_\_\_\_

STORAGE FEE PAID: YES \_\_\_\_\_ NO \_\_\_\_\_

COMMENTS/NOTES: \_\_\_\_\_

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |