

## Shipping & Receiving Form

1 West Pratt Street, Baltimore, Maryland 21201, Adjacent to Room 334 p: 410.649.7194 | f: 410.649.7196 | bcc@abcimaging.com

BASIC INFORMATION			
Name:		Date:	
Company Name:			
Address:			
City:	State:	Zip:	
Phone Number:	Email Address:		
CREDIT CARD INFORMATION			
Name on Card:	E	xpiration Date:	
Card Number:	☐ Visa ☐ MasterCard ☐ American Express		
Security Code: [Three or four digit code located on the back of the card]			
CHOW & DACKAGE INFORMATION			
SHOW & PACKAGE INFORMATION			
Name of Show:			
Date of Show: Number of Boxes:			
Carrier:			
Date of Show/Method: (example: Sent out on 3/15/14 ~ ground)			
* Packages can be picked up at the ABC Imaging Business Center located across from Room 334 at the Balimore			
Convention Center. If you want them delivered to a specific location in the Convention Center, there will be a \$10 delivery carge per box/package/booth.			
HANDLING FEES & INSTRUCTIONS			
Receiving		Shipping-Out	
Receiving Fees:	All boxes must be labeled as follows:	Shipping Fees:	
\$25 per box for 1 to 8 boxes	ABC Imaging Business Center	\$30 Per box for small/medium boxes	
\$20 per box for 9 or more boxes	1 West Pratt Street	\$40 Per box for large boxes and booths	
*There is a \$10 per day storage fee for boxes after the third day	Baltimore, Maryland 21201 c/o Name of on-site recipient	\$50 Per box for extra large boxes \$60 Per box for international boxes	
Freight Cost:	Organization name and event		
\$3 per pound	Room location On-site contact phone number		
	on site contact phone number		

If you have any questions, please call:

Calvin Johnson | 202.438.7272 | cjohnson@abcimaging.com Gene King | 301.556.6239 | eking@abcimaging.com

**Disclaimer:** The ABC Imaging Business Center and the Baltimore Convention Center are not responsible for lost, theft, or damaged packages after they are delivered to room/hall. All incoming and outgoing shipments are to bne paid to the Business Center by cash, credit/debit card and company checks; no personal checks will be accepted.

By initialing this form, you are responsible for payment: In	nitial:	Date:
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