



2100 Killebrew Drive, Bloomington, MN 55425

Exhibitor Box Delivery Form

Name of Event: _____

Booth Number: _____ Set Up Date: _____ Set Up Time: _____

Shipping Company: _____ Number of Boxes: _____

Tracking Number (s): _____

Company Name: _____

On-Site Contact: _____

On-Site Cell Number: _____

Company Address: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

Box Delivery Prices

_____ Box Delivery \$5.00 Each

_____ Pallet Delivery \$150.00 Each

Please complete page 2 for credit card payment.

- Pricing is inclusive of 7.28% sales Tax and 22% service charge.
- All packages and shipments must have information on the package label.
 - Please number all boxes.
- PLEASE bring your tracking numbers with you to assist our staff in locating your boxes in our package room or to track any boxes that might not have arrived by exhibit set up time.

Fax/E-mail Order To:

Convention Services

Fax: 952-851-4082 or E-mail: Becky.Bush@Radisson.com

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Protecting customer information and data is important to us. Please be advised that we no longer accept complete credit card numbers in written form. Complete this form listing only the last four digits of your credit card number. Please fax it to (952) 851-4082. Once sent, we can be reached directly at (952) 881-5258 to complete this process.

Date: _____

I authorize the Radisson Blu MOA to charge my credit card according to the details below. I guarantee full payment of the account as described.

Name of Guest/Group: _____

Function/Arrival Date: _____ Departure Date: _____

Confirmation Number/Group ID# _____

Credit Card Type: _____ Expiration Date: _____

Last 4 digits of the credit card number:

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Reminder: Please provide remaining credit card number to the hotel personnel listed above.

Cardholder Name (Please Print): _____

Company Name: _____

Cardholder Signature: _____

Cardholder Billing Address: _____

Cardholder Phone Number: _____

Cardholder E-mail Address: _____

☐

All Charges

☐

Room and Tax Only

☐

Food and Beverage

Authorized Amount: _____

Other Billing Instructions: _____