



Individual Exhibitor Informational Guidelines

Thank you for your interest in exhibiting at the Crystal Gateway Marriott. Please find attached useful guidelines and information regarding the set-up of your exhibits/displays.

Prior to Arrival Guidelines

If shipping materials or boxes to the hotel, please address as follows:

Example: Group Name
 XYZ Exhibitor (Company Name of Exhibitor)
 Attn. Event Manager
 Crystal Gateway Marriott
 1700 Jefferson Davis Highway
 Arlington, VA 22202

Delivery Charges-

- There will be a \$5.00 fee per box in and out.
- \$75.00 fee per pallet.
- \$100.00 fee per crate.
- \$10.00 fee per exhibit case per day
- \$5.00 fee per day for Tubes and Poster Cases.

Crystal Gateway Marriott assesses the following fees:

Storage Charges-

- Pallets- \$75.00 per day.
- Crates- \$100.00 per day.
- Exhibit cases- \$10.00 per day.
- 10 or more boxes- \$5.00 per day, per 10 boxes.

Box handling fees may be charged to an individual guest room or payable by cash/check or credit card. Packages for meetings may be delivered to the hotel a maximum three business days prior to the start of the function. Should a package arrive prior to three days, the hotel may impose a storage fee not to exceed \$25.00 a day. The Crystal Gateway Marriott will not assume any responsibility for the damage or loss of merchandise sent to the hotel for storage.

Please note the order of any item or equipment is a per day charge. If you have any questions regarding any item in this packet feel free to contact the hotel directly at 703-920-3230 and ask to speak with the Event Manager working with your conference.

Any services or rental equipment provided by the hotel must be paid at least 5 business days prior to the exhibitor's arrival (unless exhibitor is staying at the hotel and wants charges to be billed to the room). Payment may be made by credit card or check. Direct Billing can not be established for individual exhibitors.

Day of Exhibitor Arrival

If you shipped boxes to the hotel, please confirm that your boxes were received by contacting the Shipping and Receiving department at **703-553-5789**. Our Shipping and Receiving staff will bring boxes to the exhibit area at the designated set-up time. If you need them prior to this time, please contact the Shipping and Receiving department directly.

If you are bringing boxes directly to the hotel please use the loading dock on the south side of the building, at the corner of 18th and Eads Street. Please check-in with Crystal Gateway's Loss Prevention Department before loading in equipment/boxes. Loss Prevention will provide you with identification and escort you to the meeting room.

**** Please note: Exhibits/Displays must conform to fire codes. If any set-ups are in violation of this code, exhibitors will be required to alter the display to meet fire code as instructed by the hotel's Event Manager.**

CRYSTAL GATEWAY MARRIOTT HOTEL

EXHIBITING COMPANY: _____

COMPANY REPRESENTATIVE: _____

EVENT NAME: _____

EVENT DATE: _____

INSTALL DATE/TIME: _____

REMOVE DATE/TIME: _____

LOCATION: _____

Hotel use only: _____ PMS #: _____

ON SITE CONTACT: _____

PLEASE FAX ALL FORMS TO ACCOUNTING: (703) 271-5235

EQUIPMENT

QTY

AMT

6foot by 30 inch table with 2 chairs	\$20.00	
8foot by 30 inch table with 2 chairs	\$20.00	
6foot by 18 inch table	\$10.00	
8foot by 18 inch table	\$10.00	
30 inch round table (Short)	\$10.00	
30 inch round table (Tall)	\$10.00	
Trash Disposal (daily)	\$20.00	

Set Equipment Charge		
22% Service Charge		
5% Tax		

TOTAL:	\$0.00
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PLEASE NOTE:

Installations occurring before 7:00am and after 6:00pm, weekends or holidays are subject to additional fees

Please note that all charges are a daily charge

CRYSTAL GATEWAY MARRIOTT HOTEL

EXHIBITING COMPANY: _____
 EVENT NAME: _____
 INSTALL DATE/TIME: _____
 LOCATION: _____
 ON SITE CONTACT: _____

COMPANY REPRESENTATIVE: _____
 EVENT DATE: _____
 REMOVE DATE/TIME: _____
 HOTEL USE ONLY: PMS #: _____

PLEASE FAX ALL FORMS TO ACCOUNTING: (703) 271-5235

POWER REQUIREMENTS	QTY	AMT
110V 20 amp	\$100.00	
208V 20A 1ph	\$200.00	
208V 20A 3ph	\$250.00	
208V 30A 1ph	\$300.00	
208V 30A 3ph	\$350.00	
208V 60A 1ph	\$400.00	
208V 60A 3ph	\$550.00	
208V 100A 1ph	\$800.00	
208V 100A 3ph	\$1,200.00	
208V 200A 3ph	\$1,750.00	
208V 400A 3ph	\$3,250.00	
Power Equipment Charge		
22% Service Charge		
5% Tax		
LABOR:ST	\$75.00	
LABOR:OT	\$125.00	
TOTAL:	\$0.00	

THIS IS AN ESTIMATE ONLY. FINAL CHARGES BASED ON TIME AND ACTUAL POWER INSTALLED.

- * Cable runs will be per man hour with a \$200 roof access fee for equipment stationed on the roof. All contractors must have a certificate of insurance when on the roof & a Loss Prevention officer and/or electrician must accompany all personnel.
- * Cable television hookup is \$500 plus labor if located in an area without service.
- * VHS or DVD played in loop to entire hotel guestrooms \$2500
- * ALL requests must be submitted five business days in advance or will be subject to a \$500 late fee.

CRYSTAL GATEWAY MARRIOTT HOTEL

EXHIBITING COMPANY: _____

COMPANY REPRESENTATIVE: _____

EVENT NAME: _____

EVENT DATE: _____

INSTALL DATE/TIME: _____

REMOVE DATE/TIME: _____

LOCATION: _____

Hotel use only: _____ PMS #: _____

ON SITE CONTACT: _____

PLEASE FAX ALL FORMS TO ACCOUNTING: (703) 271-5235

EQUIPMENT

QTY

AMT

21" Flat Panel LCD Monitor	\$150.00	
32" Flat Panel LCD Monitor	\$350.00	
42" Flat Panel LCD Monitor	\$450.00	
50" Flat Panel LCD Monitor	\$525.00	
Portable Sound System	\$200.00	
8x8 Tripod Screen	\$55.00	
LCD Projector (3000 Lumens)	\$700.00	

TELEPHONE **

House Phone (calls w/in hotel only)	\$0.00	
Direct-In-Dial	\$200.00	

COMPUTER

Desktop PC w/windows Office 2007	\$95.00	
Laptop PC w/windows Office 2007	\$150.00	

INTERNET CONNECTIVITY ***

High Speed Internet Access (Wired)	\$350.00	
High Speed Internet Access (Wireless)	\$150.00	
Additional Connections *	\$50.00	
Network Switch/HUB	\$200.00	
Static IP Address	\$1,000.00	
ISDN/Video Teleconferencing (Data Only)	CALL	

AV Equipment Charge		
22% Service Charge		
5% Tax		

LABOR: Standard Time	\$65.00	
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LABOR: Overtime	\$95.00	
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TOTAL:	\$0.00	
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PLEASE NOTE:

Installations occurring before 7:00am and after 6:00pm, weekends or holidays are subject to additional fees

Multiple phone / data lines in remote locations are subject to additional technician fees

Full payment must be established prior to installation

**.75 charged per local call. Long distance rates apply

*** All Telephone / Internet orders must be received a minimum of (7) days prior to installation date

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Fax to the attention of ACCOUNTING OFFICE 703 271-5235

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)
 Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Guest Information

Guest name: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Confirmation number: _____

Arrival date: _____ Departure date: _____

Relation to cardholder: Relative Friend Business Associate Other: _____

Rate Information and Approved Charges

Room rate:* _____ Taxes:* _____ Total daily rate:* _____ Number of nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

All Charges Room & Tax Telephone (LD) Telephone (Local) Restaurant

Room Service Valet (Laundry) Parking HS Internet Access Movies

Other: _____

I certify that all information is complete and accurate. I hereby authorize {Crystal Gateway Marriott} to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____