Whatever It Takes.



Event Planning Guide 1-800-787-1800 www.northstarexpress.com

General Informatio				D-4-	
Event Name:				Date	::
Type of Event:					
Main Contact:				Emaile	
Main Contact.			Ext.	Elliali.	
	T IIπ.		DAL.	Home:	
Sponsoring Org:	CCII.			Web Site:	
				Email:	
_	Ph#:		Ext.	Fax:	
	Cell:			Home:	
Notes:	· .				
-					
-					
Event Requirement	<u>ts</u>				
	yes	no	Date ordered		Confirmed by
Hotel					
Exhibit					
Literature					
Giveaways					
Clothing					
Shipping					
AV					
Computers					
Graphics					
Staff					
Transportation					
Entertaining					
				l	
•					
Notes:					



Hotel Information

Name:								
Address:								
Phone:			Fax:			Web Site	:	
Main contact:						Email	:	
	Ph#:			Ext.		Fax	:	
	Cell:					Home	:	
Types of Rooms:	Sleepii	ng 🖋	Suites 🖋	Meeting 🎤	1	Dining 🖋	Other:	
Types of Rooms: # of Rooms Required:	Sleepii	ng 🎤	Suites Start date		•	Dining #	Other: End date) ::
	Sleepii	ng 🖋 📗				Dining #)::
# of Rooms Required:	Sleepin	ng 🖋 📗				Dining 🖋):
# of Rooms Required:	Sleepin	ng 🖋				Dining /)::

Exhibit Requirements

	yes	no	vendor	date ordered	confirmed by
New Design	-				
Graphics					
Lighting					
I & D					
Carpet					
Padding					
Electric					
Telecomm					
Computers					
AV					
Photography					
Staff					
Shipping					
Cleaning					
Floral					
Wastebasket					
Security					
Giveaways					
Clothing					
Training					
Product					
Literature					
Tables					
Chairs					
Signage					
Notes:					



xpo/Trade Show Informatio	<u>n</u>						
Conference Dates:		Expo Dates:					
Location:			_				
Conference Web Site:							
Username:	Password:						
(Show Decorator) General				Phon	ie:		
Contractor:							
	Contact r	name:		Ema	il:		
Show Management:				Phon			
-	Contact na		Ema				
Target Move-in	yes no	Date:			·		
Move-in	Date	Time	Move-o	ut	Date	Time	
Trucks must check in by:			Trucks must check in b	v:			
Notes:						· ·	
Booth #							
bound Shipping Information	ı						
<u>Advance Warehouse</u>		пате	Show Site	comp	pany name		
	booth#			booth			
	event name	o.			t name		
	c/o decora				ecorator		
	facility nar				ty name		
	street	110		stree			
	city, state 2	7in			state zip		
Must arrive by:		Time	•	Date		Time:	
wiust affive by.	Date.	Tille	·•	Date :		Time.	
Contact:			Contact:				
Ph#/cell:			Ph#/cell:				
Notes:							



Materials to be Shipped

Pieces Description	ı Co	olor V	Weight	Length	Width	Height	Cargo Cove	erage
			-					
Notes:								
how Decorator Information								
Payment Authorization Comple	eted							
for Show Decora								
Outbound MHA Comple								
Move Out Procedur		miotions	for char	TI MOUO OU	<u> </u>			
Move Out Procedu	ies. List all llist	ructions	TOI SHOV	w move ou	ι			
Outbound Shipping Informatio	on							
Pick-up from:	Date:	<i>Ti</i>	ime:					
Pick-up from:	Date: company name	Ti	ime: _					
Pick-up from:	Date: company name booth #	Ti	ime:					
Pick-up from:	Date: company name	Ti	ime: _					
Pick-up from:	Date: company name booth #	Ti	ime:					
Pick-up from:	Date: company name booth # c/o decorator	Ti	ime: _					
	Date: company name booth # c/o decorator event name	Ti	ime:					
Pick-up from:	Date: company name booth # c/o decorator event name facility name street	Ti	ime: _					
Pick-up from:	Date: company name booth # c/o decorator event name facility name street city, state zip				Is this a	a trade show?) yes	no
Pick-up from: Location	Date: company name booth # c/o decorator event name facility name street city, state zip Date:		ime: _	booth#	_ Is this :	a trade show?) yes	no
Pick-up from: Location	Date: company name booth # c/o decorator event name facility name street city, state zip Date: company name			booth#	_ Is this a	a trade show?) yes	no
Pick-up from: Location	Date: company name booth # c/o decorator event name facility name street city, state zip Date: company name event name			booth#	_ Is this a	a trade show?) yes	no
Pick-up from: Location	Date: company name booth # c/o decorator event name facility name street city, state zip Date: company name event name c/o decorator			booth#	_ Is this a	a trade show?) yes	no
Pick-up from: Location	Date: company name booth # c/o decorator event name facility name street city, state zip Date: company name event name c/o decorator facility name			booth#	_ Is this a	a trade show?	yes yes	no
Pick-up from: Location	Date: company name booth # c/o decorator event name facility name street city, state zip Date: company name event name c/o decorator			booth#	_ Is this :	a trade show?) yes	no

For a split shipment, the **Outbound Shipping Information** section on the **Decorators Material Handling Form** must be completed for each shipment.

Delivery contact Contact name:

Phone/cell #:



<u>Literature</u>				
Type & quantity	Vendor	Date ordered	Must arrive by:	Tracking #
Literature Shipping Inform	nation			
Pick-up from:		Time:		
Location		booth #		
	event name			
	c/o decorator			
	facility name			
	street			
	city, state zip			
For multiple p		ne pick-up from sect	ion should be completed for e	ach pick-up
Deliver to:	=	Time:	Is this a trade show	
	company name	booth #		, , , , , , , , , , , , , , , , , , ,
	event name			
	c/o decorator			
	facility name			
	street			
	city, state zip			
Delivery contact:			Phone/cell #:	
•		the Deliver to section	n should be completed for eac	h daliyary
Giveaways	deliver localions, i	ne Denver to section	i snouia de compietea joi eac.	n denvery
Givcaways				
Type & quantity	Vendor	 Date ordered	Must arrive by:	Tracking #
Type & quantity	venuor	Duie oracrea	musi arrive by.	Tracking #
Notes:		1		
Giveaway Shipping Inform	nation			
Pick-up from:		Time:		
Location:		booth #		
Location.	event name	O O O O O O O O O O O O O O O O O O O		
	c/o decorator			
	facility name			
	J ,			
	street			
	city, state zip			