



ABC Imaging Business Center
at the Baltimore Convention Center



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

Shipping & Receiving Form

BASIC INFORMATION

Name: _____ Date: _____
 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Email Address: _____

CREDIT CARD INFORMATION

Name on Card: _____ Expiration Date: _____
 Card Number: _____ Visa MasterCard American Express
 Security Code: _____ *(Three or four digit code located on the back of the card)*

SHOW & PACKAGE INFORMATION

Name of Show: _____
 Date of Show: _____ Number of Boxes: _____
 Carrier: FedEx UPS DHL USPS Other: _____
 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 Baltimore Convention Center. If you want them delivered to a specific location in the Convention Center, there will be a \$10 delivery charge per box/package/booth.

HANDLING FEES & INSTRUCTIONS

Receiving

Receiving Fees:

\$25 per box for 1 to 8 boxes
 \$20 per box for 9 or more boxes
 * There is a \$10 per day storage fee for boxes after the third day
 * \$40/hr convenience fee

All boxes must be labeled as follows:

ABC Imaging Business Center
 One West Pratt Street
 Baltimore, Maryland 21201
 c/o Name of on-site recipient
 Organization name and event
 Room location
 On-site contact phone number

Shipping-Out

Shipping Fees:

\$30 Per box for small/medium boxes
 \$40 Per box for large boxes and booths
 \$50 Per box for extra large boxes
 \$60 Per box for international boxes

If you have any questions, please call: Calvin Johnson | 202.438.7272 | cjohnson@abcimaging.com | bcc@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 be 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: Initial: _____ Date: _____

THE
BALTIMORE CONVENTION
CENTER

Name of Event _____

Agreement Number _____

Dates of Event _____

CREDIT CARD INFORMATION

Type of Credit Card* _____

Name on Card _____

Billing Address of Card _____

Card Number _____

Expiration Date _____

Last 3 digits on back of card _____

Amount to be charged _____

Signature _____

Date _____