HYATT REGENCY NEWPORT SHIPMENT NOTIFICATION

This page <u>must</u> be faxed to (401-851-3201) or emailed to Molly.Norbury@hyatt.com Attach separate sheet for multiple shipments if necessary.

Shipments will be received and handled in accordance with the information set forth on the enclosed shipping instructions and material handling rates.

SHIPMENTS TO HYATT REGE	NCY NEWPO	RT RECE	VING	
Shipper Name:From City/St			ite:	
How will you ship: Common Car	rier Van	Line	Company Truck	< Air Freight
Shipping Date:	No.of Pieces:		Weight:	
Carrier (If known):				
SHIPPING AND RECEIVING PR	RICING			
 Packages 0-5 lbs. Packages 6-20 lbs Packages 21 to 50 lbs Over 50 lbs. 	\$ 10.00 eac \$ 15.00 eac	h h		
Name of Show				
Company Name:				
Address:(Street) (P.0	O. Box)	(City)	(State)	(Zip)
Ordered By: Phone #: () Fax #: () METHOD OF PAYMENT Visa American Express	Ext		_	Date:
Card #:				
Expiration Date				
Name on Card: (Receipts will be issued when exhibit	bitor receives hi	s shipment.)	