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| **EXHIBIT ORDER FORM** |
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| **Fax or Email Form to:** Karie Brown |
| **Hotel Contact:** Karie Brown |
| **Email:** kbrown@waterfrontresort.com |
| **Phone:** 714.845.8486 | **Fax:** 714.845.8425 |
| **EVENT INFORMATION** |
| Name of Event: Technologent |
| **EXHIBITOR COMPANY INFORMATION** |
| Company Name: |
| Address: |
| City: | State: | ZIP Code: |
| On-Site Contact Name: |
| On-Site Contact Email: |
| Cell Number: | On-Site Contact Staying on Property:  |
| **CREDIT CARD BILLING INFORMATION** |
| Credit Card Information: **Please FAX only (Please notify Karie Brown via email it has been faxed)** |
| Fax: 714-845-8425 |
| Name on Credit Card: |
| **\*\*Please do not send any credit card information by email\*\*** |
| \* The hotel will charge the credit card, once received by the hotel, for the estimated amount of the charges.\*\* The hotel will charge any balance accumulated during the event, at the conclusion of the group’s program.\*\*\* If no credit card is provided two weeks prior to the event date, requested equipment will not be ordered or set for exhibitor. \*\*\*\*If no credit card is available, a full estimated deposit must be received two weeks prior to the function. |

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| **SHIPPING INFORMATION** |
| **Incoming Materials:** Should you be sending material to the hotel for your meeting, please use the following address to ensure that it is available to you upon arrival:TO:**Your Company Name – c/o Technologent NSMContact Person’s Name***(please address to the person at your company that will be picking up the package)***c/o The Waterfront Beach Resort, a Hilton Hotel21100 Pacific Coast HighwayHuntington Beach, CA 92648714-845-8000****Box(es)\_\_\_\_\_\_ of \_\_\_\_\_\_\_ (multiple boxes must be numbered)** |
| **PACKAGES/PACKAGE HANDLING** |
| **Package Handling Receiving Fees:**FedEx or UPS Envelope $5.00 per envelope0 to 5 pounds $10.00 per box/package6 to 20 pounds $15.00 per box/package21 to 50 pounds $20.00 per box/packageOver 50 pounds $30.00 per box/packagePallets $100.00 per pallet**Package Handling Outgoing Fees:**All Boxes and/or Packages $5.00 per box/packagePallets $50.00 per palletAll materials must be prepaid prior to hotel delivery. The hotel will not accept C.O.D or freight collect deliveries. **Due to lack of storage space, the hotel is unable to accept shipments earlier than five calendar days prior to your conference. Please schedule shipments to arrive NO EARLIER than Thursday, February 21, 2019.**Boxes/equipment stored longer than five days will incur additional storage charge of $10.00 per box per day. |
| **Number of Boxes Shipped:** |
| **Equipment Shipped/:** |
| **EXHIBITS** |
| All displays, exhibits, decorations, equipment, musicians/entertainers must enter the hotel through the Loading Dock and sign in at the Security Office upon arrival.It is specifically understood that the client assumes responsibility and liability for any space used for exhibits and/or displays. That shall include the drayage and removal of any and all exhibits and display booths, equipment, rubbish and associated materials to and from the Waterfront Beach Resort, A Hilton Hotel prior to and following the convention. In the event any discarded materials are not removed from the hotel grounds following the conventions, The Waterfront Beach Resort reserves the right to charge for any costs incurred by the remove of such materials |
| **Signature of Applicant:** | **Date:** |

### The Waterfront Beach Resort, A Hilton Hotel

### *Credit Card Payment Authorization Form*

***Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.***

***Do not send completed form by email.***

**FAX COMPLETED FORM TO:** 714-845-8425 **ATTN:** **\_\_\_\_\_KARIE BROWN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **CARDHOLDER - Please complete the following section and sign/date below** |
| Guest / Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Check-In / Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Person / Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cardholder Name as it Appears on the Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cardholder Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State: \_\_\_\_\_\_\_\_\_\_ | Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Credit Card Type: (Circle One) | Visa | MasterCard | American Express | Discover |
| Credit Card Issuing Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bank Phone Number: (Printed on Back of Card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I agree to cover the following categories of charges to my credit card: (Circle All that Apply)** |
| All Charges | Room & Tax | Parking | Incidentals | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| Banquet / Catering | Audio Visual | Deposits | Late Cancellation / No Shows / Attrition Fees / Cancellation Fee |
|  |  |  |  |
| **DIRECT BILL ACCOUNT PAYMENTS ONLY: (For Direct Billing Customers Paying by Credit Card)** |
| Name on Invoice/Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date on Invoice/Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address on Invoice/Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State: \_\_\_\_\_\_\_\_\_\_ | Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Invoice/Statement Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Authorized Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Note:** Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately.

Any incidental charges circled above will be charged at the time of check-out.

By signing below, you authorize the hotel to charge your credit card immediately for the authorized categories indicated above.

You further acknowledge that if “all charges” has been selected, then all guest/group related charges (less deposits) will be charged to the above credit card number at the time of check-out or event conclusion.

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| Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HOTEL USE ONLY**

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| Authorized Amount: $ | Approval Code: | Date: |