

EXHIBITOR PACKAGE REQUEST

**Welcome to the Hilton St. Petersburg Bayfront!
It is our pleasure to assist you with your packages.**

**Kindly fill in the information below to have your packages
delivered/shipped.**

**If you prefer to have your fees posted to your guestroom, please indicate
your room number for the Front Desk to verify the charge.**

**Once the fees have been appropriately charged, your packages will be
delivered.**

**For return shipments, all shipments must be securely and properly
packaged, with a completed shipping label, including billing information,
affixed.**

Thank you. We look forward to serving you.

Please submit completed forms to Mindy Cobb at Mindy.Cobb@hilton.com.

NAME:

COMPANY NAME:

NAME ON PACKAGES (IF DIFFERENT FROM ABOVE):

NUMBER OF PACKAGES:

ROOM/CONFIRMATION NUMBER:

CHARGES: \$12 PER PACKAGE AND/OR \$75 PER PALETTE

TOTAL CHARGE:

SIGNATURE:

**REMINGTON HOTEL CORPORATION
CREDIT CARD BILLING AUTHORIZATION**

**Hilton St. Petersburg
333 1st St. South
St. Petersburg, FL 33701**

**Hotel Phone: 727-894-5000
Hotel Fax:**

**727-823-4797 (Sales)
727-824-7003 (Acct.)**

CARDHOLDER INFORMATION:

Cardholder Name:			
Company Name:			
Billing Address:			
Phone:		Fax:	
Type of Card: (Circle One)	MasterCard American Express	Visa Diners Club	Discover Carte Blanche
Card Number:			
Expiration Date:			

CHARGES TO BE BILLED ON MASTER ACCOUNT (PLEASE CHECK):

Event Name:						
Event Dates:	Exhibitor Package Fees					
Room & Tax:		Parking:		Package Fees	X	Banquet Charges:
Other:						

TERMS AND CONDITIONS

The cardholder agrees by their signature below that all charges incurred by the Cardholder at the above named Hotel are authorized to be charged to the Cardholder's credit card indicated above and below, unless Cardholder provides alternate form of payment prior to departure from the Hotel. Cardholder understands that the Hotel will obtain prior approval from the credit card Company for the estimated amount of the Cardholder's charges. Cardholder further understands that this Authorization is subject to approval by the Hotel's Controller and/or General Manager. If, for any reason, the aforementioned Hotel representative does not approve this authorization, the Cardholder agrees to provide the Hotel with an Advance Deposit for the full amount of the estimated charges as determined by the Hotel. Such Advance Deposit will be made in one of the acceptable methods prescribed by the Hotel.

CARDHOLDER SIGNATURE _____



**The Hotel must have a legible copy of the
front and back of the credit card in order to charge it.
This form will not be processed until such copy has been received.
Please enlarge and lighten the copy if necessary.**



FOR HOTEL USE ONLY

House Account/Folio:	Total Authorization Amount:	
	Authorization Date:	
Deposit Amount:	Approval #:	

HOTEL APPROVAL _____

TITLE