THE NEW YORKER

EXHIBITOR Order Form

**Instructions: Please fill out form completely and email it back directly to arivera@nyhotel.com

EXHIBITOR GENERAL INFORMATION

Name of Function (Event): The Fabric Sh	now		
Date(s) of Function: July 17th -18th, 2024			
Your Company Name:			
Address:			
Your Name			
Phone Number			
Fax Number		 	
BOOTH NUMBER:			
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		** =	
		authoriza	ill have a credit card tion form link to be ompleted**
Credit Card Information: LEASE ATTACH A <u>LIGHT</u> COPY OF THE FRONT AI		authoriza C	tion form link to be ompleted** **SIGNATURE VERIFICAT
Credit Card Information: LEASE ATTACH A LIGHT COPY OF THE FRONT AND SHIPPING INFORMATION	ND BACK SIDES OF	authoriza c THE CREDIT CARD FOR	tion form link to be ompleted**
Credit Card Information: LEASE ATTACH A LIGHT COPY OF THE FRONT AI SHIPPING INFORMATION Number of Boxes to be Received		authoriza c THE CREDIT CARD FOR UNIT COST \$25.00	tion form link to be ompleted** **SIGNATURE VERIFICAT
Credit Card Information: LEASE ATTACH A <u>LIGHT</u> COPY OF THE FRONT AI		authoriza c THE CREDIT CARD FOR	tion form link to be ompleted** **SIGNATURE VERIFICAT

Payments are to be processed before receiving shipments from the hotel mail room,

If payment is not received packages will not be delivered to the event floor.

Please reach out to Ana Rivera (Executive Meeting Manager). Once the form is received a credit card authorization link will be sent for payment processing.