



SPRING NEEDLEPOINT SHOW 2019 – HOTEL EXHIBITOR CONFIRMATION

EXHIBITORS- Please complete all areas, sign/date below and return via **FAX** to the Embassy Suites by Hilton Orlando Airport at **(407) 856-5956** to confirm your event reservation details.

Event Name: The Spring Needlepoint Show 2019		Event Date: 03/29/19 – 04/02/19	
Business Name / Reservation Name:			
Arrival Date:		Departure Date:	
Cardholder Name as it appears on Credit Card:			
Cardholder Billing Address:			
City:	State:	Zip:	Phone:
Credit Card Type (select one):			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> Diners Club			
Credit Card Number*:		Exp:	
<i>*Please note, credit card number is not required if you have provided your number directly via phone to the Hotel.</i>			
Cardholder agrees to cover the following Event related charges (select all that apply):			
<input type="checkbox"/> Sleeping Room and Tax (\$172.00 +12.5% tax, per night)			
<input type="checkbox"/> Sleeping Room Incidental Charges (including dining, market, and in-suite charges)			
<input type="checkbox"/> Plain Table(s) (\$35.00 each) Number of Plain Table(s) _____			
<input type="checkbox"/> Table(s) with Cloth (\$45.00 each) Number of Table(s) with Cloth _____			
<input type="checkbox"/> Shipping and Handling (\$7.00 per box) Number of Boxes _____			
<input type="checkbox"/> Self Parking (\$8.00 per day)			
<input type="checkbox"/> Credit Card provided for Guarantee Only ; full pre-payment via cash or business/bank check will be provided 14 days prior to arrival date, _____			
Amount to be immediately charged to credit card for Deposit: \$_____ (optional)			

Please note the following:

- The Show begins **Saturday, March 30, 2019, at 10:00 am and concludes on Monday April 1, 2019, at 3:00 pm.**
- Hotel **check-in is 3:00 pm.** Check-in prior to 3:00 pm **cannot** be honored. If you require access to your suite prior to 3:00 pm, you will need to reserve the night prior and confirm your arrival with the Hotel Sales Dept.
- Hotel **check-out is 12:00 pm.** Due to the show’s end time on Monday, April 1, 2019, **all exhibitor suites** will be confirmed for **departure Tuesday, April 2, 2019**, unless a later check-out date is requested.

By signing below, you confirm the above exhibitor information is correct and authorize the Hotel to guarantee the Event charges indicated above to the credit card you have provided. All event related charges will be charged at the conclusion of the Event, with the full amount of estimated charges authorized to the card up to 5 days prior to your arrival date. If you have indicated a deposit amount above, the deposit amount will be charged to your credit card immediately. After completing this form, should you need to make any changes or have any questions please contact the **Hotel Sales Department** directly via phone at **(407) 581-3314** or e-mail **Brinsam.vita2@hilton.com**.

Cardholder Signature: _____

Date: _____