

Attn: Omar Vargas
If you have any questions please call 714.438.4134

This form constitutes an authorization to process my credit card for any payment required for the stated person(s) as indicated below.

EXHIBITOR NAME: _____ BOOTH # _____

CONTACT: _____

TELEPHONE #: _____ FAX #: _____

CREDIT CARD: _____ CC# _____ EXPIRATION: _____
(Type)

CARDHOLDER (Name as Imprinted on Card): _____

Shipping Instructions:

*Hilton Orange County/ Costa Mesa
3050 Bristol Street
Costa Mesa, CA 92626*

Please be sure to include the following information on labels:

- **Conference/ Group Name:**
 - Attn:
- Box Count (eg. 1 of 2, 2 of 2):
 - Exhibitor Name:
 - On-Site Contact Name:
 - Booth Number (if available):

<u>Circle Size of Boxes and # of Each</u>	
_____ Boxes 0lbs-5lbs @ \$5.00 each	_____
_____ 6lbs-20lbs @ \$10 / 21lbs-50lbs @ \$15	_____
_____ Over 50lbs @ \$25.00 each	_____
_____ Pallets @ \$75.00 each	_____

TOTAL

++ add 25% service charge and 7.75% tax.

_____ **FULL PAYMENT FEES.**

I hereby authorize payment for All Charges for services to be provided by the Hilton Costa Mesa for the event date(s) stated above. I understand that an approval will be obtained for total charges and a receipt will be mailed. Any remaining balance resulting from additional charges on the day of your event are due and payable upon completion of the function.

I understand if no other arrangements for billing have been established by the completion of the function, all charges will be automatically be processed on the above stated credit card.

Special Handling Requests:

GROUP/COMPANY AUTHORIZED SIGNATURE

DATE