



Hilton

Portland & Executive Tower

921 SW 6th Ave – Portland, OR
Ph: 503-226-1611 Fax: 503-225-1488

2010 EXHIBITOR ORDER FORM

EVENT or SHOW:		Location:		Booth Number:	
Company Name:			Show Date:		Tel #: Fax #: Cell #:
Start Date/Time:			Stop Date/Time:		
Street Address:			City, State & Zip Code:		
Ordered by:			On-site Contact:		
QTY	Telephone Lines	Cost	Total		
	Phone Line (Dedicated – Local/Long Distance)	\$150.00 per line* per day			
	Phone Line (Internet/Highspeed)	\$300.00 per line* per day			
	Wireless Connection	\$240.00 Package per day (1 – 24 users)			
	* Plus Local and Long Distance charges				
QTY	Electricity				
	AC cable with Power Strip	\$35.00 per day			
	Additional Power, please call with details				
QTY	Audio Visual Equipment**				
	Flat Screen LCD Color Monitor	Call for quote			
	Laptop	Call for quote			
	Desk Top Computers with Monitors	Call for quote			
	Rolling Cart w/Black Drape	Call for quote			
	22% Service Charge applies to all audio visual				
<i>Other items are available upon request. To ensure availability and pricing please confirm orders as soon as possible. Prices do not include 22% service charge.</i>					

**For Audio Visual Equipment, please contact Presentation Services directly at 503-241-7468



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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: (503) 225-1488

ATTN: _____

HOTEL USE ONLY:

Date: _____

Authorized Amount:	Approval Code:	Date:
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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 Making Reservation:				Phone:
Cardholder Name as it Appears on Credit Card:				
Cardholder Billing Address:				
City:	State:	Zip:		
Daytime /Business Telephone:			Evening Telephone:	
Credit Card Number:			Expiration Date:	
Credit Card Type: (Circle one)				
<input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> Club	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> JCB	<input type="checkbox"/> Diners
Credit Card Issuing Bank Name:			Bank Phone Number (from back of your credit card):	
I agree to cover the following categories of charges: (Please circle)				
<input type="checkbox"/> All Charges <input type="checkbox"/> Recreation	<input type="checkbox"/> Room & Tax	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> Retail	
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____				
DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)				
Name on Invoice/Statement _____			Date on Invoice/Statement _____	
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.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____
 Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____