## **BOX INFORMATION (shipping/receiving):**

-Any packages sent to the hotel prior to your function should arrive no earlier than 3 days in advance. Label the materials as follows:

Hyatt Regency Orlando Intl Airport 9300 Jeff Fuqua Blvd Orlando, FL 32827 Hold for: **AOPA** 

Name of **CONTACT NAME / VENDOR COMPANY** 

The hotel charges a \$6.00 per package handling fee, which includes the receipt, storage and delivery of your packages and a \$100 fee for the delivery of a pallet or oversized crate.

\*\*Client to provide own outbound shipping labels, at conclusion of event\*\*
Exhibitors to bring completed credit card authorization form, with list of tracking numbers, to complete package delivery on-site.

## **CREDIT CARD AUTHORIZATION FORM**

Hotel:		
Guest Name(s):		
Guest Reservation Confirmat	ion Number:	
Function Name (if applicable	):	
Guest Arrival Date(s):		
Name of Business (if applica	ble):	
Credit Card Billing Address:		
City, State, and Zip:		
Guest Phone Number:		
hereby authorize the following charges to be applied to the following credit card. Check all that apply:		
Room & Tax	Only Specific Incidentals	Gift Certificate
Food & Beverage	☐ All Banquet Charges	☐ Guest Amenity
All Incidentals	☐ Parking	Other
hereby authorize the following amount be applied to the credit card:  Comments:		
Credit Card Number:		☐ Credit Card
Expiration Date:		_
Name on Card:		Debit Card
Signature of Card Holder: Current Date		
Please fax this form with a re	adable photocopy of the front	and back of the signed credit card to:
Hote	l Fax #:	
For a list of all hotels and the	eir contact information, please visit: http://v	www.hvatt.com/hvatt/site-man isn

ist of all hotels and their contact information, please visit: <a href="http://www.hyatt.com/hyatt/site-map.jsp">http://www.hyatt.com/hyatt/site-map.jsp</a>
All information is kept confidential and used only for the purposes as noted above.

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