

EXHIBITOR SHIPPING INSTRUCTIONS TO HOTEL

****The hotel does not accept any C O D deliveries****

SEND TO: Astor Crowne Plaza
Hold For: _____
Company Name: _____
Arrival Date: _____
 739 Canal Street
 New Orleans, LA 70130

Handling charges will be applied to all boxes received or shipped by the Receiving Department.

\$8.00 per box
\$50.00 Gray and Black or any colored cases
\$100.00 Pallets

The business center offers: Federal Express, Airborne, UPS and United Postal Services.

To verify boxes received or ask about charges, please contact Ms. Katrice Oreaboe in our Shipping and Receiving Department, via email at koreaboe@astorneworleans.com.

HOTEL GUEST FAX NUMBER: 504-962-0511
HOTEL TELEPHONE NUMBER: 504-962-0500

Due to our limited space and the number of boxes received at the hotel, we ask you not to ship your boxes to arrive no earlier than 2-3 days in advance of your arrival date.

Credit Card Authorization

Due to an increase in credit card fraud and for the protection of the cardholder, we must request that this form be completed in entirety, including attachment of all requested items. Failure to complete any of these will result in non-approval. Please be aware that completion of this form does not ensure approval of your request.

THANK YOU FOR YOUR COOPERATION.

You are requesting the Astor Crowne Plaza Hotel to bill charges to your credit card for the individuals and functions listed below. Please be certain that all signature requests are legible. Illegible information will result in non-approval of this request. Once completed, please forward to appropriate department.

NAME (S) OF INDIVIDUALS/FUNCTIONS YOU ARE AUTHORIZING US TO BILL TO YOUR CREDIT CARD AND ARRIVAL/DEPARTURE DATES FOR EACH.

Function/Group/Individual Name: _____ Arrival/Departure of Function Dates: _____

CHARGES YOU ARE AUTHORIZING: SHIPPING AND RECEIVING CHARGES:

YOUR INFORMATION AS IT APPEARS ON YOUR ACCOUNT:

Last Name: _____ First: _____ Middle: _____

Address: _____

Home Phone: _____ Business Phone: _____

Card Number: _____ Card Type: _____ Exp.Date: _____

THIS AREA TO BE FILLED OUT BY THE ASTOR CROWNE PLAZA HOTEL

Approval Code: _____ Amount Approved Not To Exceed: \$ _____

Address Verified: _____ Date of Arrival Approved: _____

Phone Verified: _____ Financial Institution Verified: _____