



HILTON LOS ANGELES AIRPORT EXHIBITOR PACKAGE HANDLING FORM

A pallet facility charge for exhibit freight shipped to the Hilton Los Angeles Airport will be charged by the hotel. This is a one-way service from loading dock to storage to exhibit location. The pallet facility charge is used to cover the cost of equipment and storage and is not a tip or gratuity for services provided by employees.

The pallet facility charge is \$60 per pallet **plus** \$5 per 50 pounds. Pallets weight will be recorded based on the receiving form. If there is no weight on the form, it will be weighed and recorded at the hotel.

A mail charge of \$3 per package will be charged for both incoming and outgoing shipments. For large shipments of boxes, a copy of the receiving form will be attached to verify the number of individual boxes received. Arrangements for outbound shipping should be made with the hotel once on-site by requesting an outbound package shipping form.

Shipments will be charged either as a pallet facility charge or mail charge depending on the description on the Bill of Lading.

Payment may be made by credit card or billed to your room account if you are a hotel guest. For shipping of crates or oversized items, please contact our mailroom at 310-410-4000 x2595. **Fax completed form to (310) 410-6177 (Attn: Gloria Urbina) or email to (Gloria.urbina@hilton.com)**

TRADESHOW NAME _____

DATES _____

COMPANY NAME _____

ADDRESS _____

PHONE # _____ FAX # _____

CONTACT _____ ON-SITE CONTACT _____

BOOTH # _____

APPROXIMATE WEIGHT OF SHIPMENT (if known) _____

NUMBER OF PIECES _____

NAME OF SHIPPER _____

PAYMENT METHOD:

FILL OUT 2ND PAGE CREDIT CARD AUTHORIZATION FORM



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.

FAX COMPLETED FORM TO: (310) 410-6177

ATTN: Gloria Urbina

******Please Do not write Credit Card Number on form nor send a Photo Copy of credit card or ID******

Finance department will contact you at the phone number below for this information

Date: _____

Name of Person Making Reservation:
Phone Number:
Best day and time to contact you during business hours (9am- 5pm PST):
Email Final Receipt to:

Please complete the following section and sign/date below.

Guest Name:
Event Date:
Event Name:
Room Rate: N/A
I agree to cover the following categories of charges: (Please circle) All Charges Room & Tax Food & Beverage Retail Recreation
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____

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.

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

Cardholder Signature: _____

Date: _____

For any questions regarding this form please contact us at 310 410 4000 ext. 2294