



Hilton

Clearwater Beach Resort

PMI College of Performance Management

May 14 & 15, 2008

Exhibitor Telephone/Internet/Shipping Order Form

The resort will handle all requests for equipment such as telephone lines or electric services. For your convenience, the following form should be used to secure these arrangements.

Please return this form via fax 727-461-1768.

PHONE LINES

<u>Quantity</u>	<u>Type of Line</u>	<u>Price</u>	
_____	Dial 9 Analog Phone Line	\$95.00	x 2 days =\$_____
_____	Dedicated Analog Phone Line	\$150.00	x 2 days =\$_____

ELECTRICAL SERVICE (Approximately 120V A.C. 60 Cycle)

<u>Quantity#</u>	<u>Watts/AMPS</u>		
_____	up to 500 Watts (5 AMPS)	\$50.00	x 2 days =\$_____
_____	500–1000 Watts (10 AMPS)	\$65.00	x 2 days =\$_____
_____	1000–2000 Watts (20 AMPS)	\$85.00	x 2 days =\$_____

INTERNET CONNECTION

<u>Quantity</u>		<u>Price</u>	
_____	iBANN	\$250.00	x 2 days =\$_____
	Wireless Internet		
	<i>(Per Computer Connection, Per Day Charge)</i>		

AUDIO VISUAL RENTAL

Please indicate items required and a representative for the Audio Visual Department will supply a detailed estimate.

SHIPPING _____ **Your Initials for Acknowledgment.**

Number of Boxes _____ **Estimated Weight** _____

Hotel will accept limited freight and boxes not more than 3 days prior to the conference. Boxes will be charged a handling fee of \$4.00 per box up to 25lbs. \$8.00 per box 25lbs – 100lbs. Hotel does not accept freight in excess of 100lbs or on pallets unless advance notice is given, fee will be determined. The fee listed does not include return shipping or storage fee for packages arriving early. These charges will be handed on site and charge accordingly as determined by the hotel shipping and receiving manager. Please call 727-461-3222 ext. 182 Ship to: Hilton Clearwater Beach, 400 Mandalay Ave. Clearwater Beach, FL 33767

C/O: Receiving Guest Name, PMI-CPM

Continued;

Hilton Clearwater Beach Exhibitor Order Form Page 2

Sub-Total From Page 1 \$ _____

X 7% State Tax = _____

Total Charges + \$ _____

Prices are per day plus 7% state tax. Please return this form via fax 727-461-1768.
Any Question Please Contact Michele Grenz at 727-298-1496

Please supply the information below to complete your order.

Company Name _____

Address _____ City _____ State ____ Zip Code _____

Phone Number _____ Fax Number _____

Email Address _____

Type of Credit Card _____

Account Number _____ Expiration Date _____

Name on Card, Please Print _____

Signature _____

Please list onsite contact if different than listed above.

Name _____

Phone Number or Cell Number _____

Will this person be staying at the Hotel? Yes No

Will this person be authorized to change
or add anything to the above order? Yes No