# Power Request Order Form

Fax this form to **415-772-5015** at least one week prior to your event
Attention to Convention Services

Convention Name: _____          Date of Exhibit Set Up: _____

Exhibitor Name: _____          Exhibit Booth or Table #: _____

Company: _____

Telephone Number: _____          Fax Number: _____

Requirements: _____

_____

## Method of Payment:

___ Charge my Credit Card on the day of exhibit set up

Credit Card Number _____ Exp. ___/___

Card Holder's Name: _____

Card Holder's Signature: _____

**For verification purposes, a legible photocopy of the front and back of the above mentioned credit card is required to accompany this form.**

___ Post charges to my guest room at the Fairmont Hotel:

Guest Name: _____ Confirmation Number: _____

Guest's Signature: _____

**\*Power strip and extension cord at $35.00++ each.**
**\*Extra power drop at $225.00 and up (depending on Ampage).**

# *Fairmont*
## SAN FRANCISCO

ATOP NOB HILL • SAN FRANCISCO, CALIFORNIA 94108
TELEPHONE : (415) 772 - 5000 • RESERVATIONS : (800) 866-5577

## CREDIT CARD LETTER OF AUTHORIZATION

This letter is to guarantee the Fairmont Hotel-San Francisco that all charges incurred by:

_____

over the dates of: _____/_____/_____ through _____/_____/_____ will be paid in full upon departure.  In the event that the account is not paid upon departure, the Fairmont Hotel-San Francisco has authorization to apply the charges to the following credit card.

To guarantee payment, it is necessary that we are in receipt of a major credit card number, authorized signature and expiration date (72) seventy-two hours prior to your arrival date. For verification purposes, **a legible photocopy of the front and back of the above mentioned credit card is required to accompany this of authorization.**

_____          _____/_____
***CREDIT CARD NUMBER***                                                           ***EXPIRATION DATE***

_____
***CARDHOLDER SIGNATURE***

_____
***PLEASE PRINT THE CARD HOLDER'S NAME***

**Please print the following cardholder's information:**

Address:         _____

City/State/Zip:  _____

Phone:   **(_____) _____-_____**         Fax #:  **(_____) _____-_____**

Email Address:  _____

**The Fairmont's Credit Card Letter of Authorization must accompany all Telephone Order Forms submitted to the Hotel.  Pricing of Telephone Services is listed on the following sheet.**