



Exhibitor Information & Pricing Sheet

We look forward to welcoming you to The DoubleTree by Hilton Burlington, Vermont and are here to help you with whatever you may need in order to have a successful event at our hotel. To fully understand the services we offer, and for us to be prepared for your needs upon arrival, please complete the following electric and shipping information below.

Completed forms and credit card authorizations should be emailed to:
Amanda Rondeau at amanda.rondeau@hilton.com or faxed to 802-865-6613

Electrical & Audiovisual Needs

- Basic Booth: up to 5 amps (lighting, laptop & T.V.) - \$30 per day
- Basic Booth Plus: dedicated 15 amp circuit (extra lighting and additional power needs) - \$35 per day
- Power Strip: \$15 per day
- HSIA Wired: \$175 per device (if you need hard wired high speed please contact the hotel)
- HSIA Wireless: \$45 per device

Dates of requested service: _____

Total Cost: \$_____

***Please contact the hotel for additional circuits or for any other electrical requests**

***We encourage all booth lighting to be LED**

***Any requests made within 24 hours of the event date are not guaranteed**



DoubleTree by Hilton Hotel Burlington Vermont

Credit Card 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. Do not send completed form by email. **FAX COMPLETED FORM TO: +1 802 865 6613**

ATTN: _____

Date: _____

CARDHOLDER - Please complete the following section and sign/date below.

Group or Event Name:		
Check-In / Event Date:		
Name of Onsite Contact:	Email:	
Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Daytime /Business Telephone:		Evening Telephone:
Credit Card Number: Please contact Abigail Liddle directly to give credit card number		Expiration Date:
Credit Card Type: (Circle one) American Express Discover JCB Diners Club		Visa/MasterCard
Credit Card Issuing Bank Name:	Bank Phone Number (from back of your credit card):	
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____		
DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)		
Name on Invoice/Statement _____	Date on Invoice/Statement _____	
Invoice/Statement Number _____	Authorized Amount \$ _____	

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.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to Credit Card (**hotel use only**): \$ _____

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

Cardholder Signature: _____

Date: _____

