



1775 East Cheyenne Mountain Boulevard
Colorado Springs, Colorado 80906
Main Hotel Number: 719-576-8900 & Fax Number: 719-527-4602

SHIPPING & RECEIVING EXHIBITOR/VENDOR FORM

Please, make sure that you have read all instructions and thoroughly filled out all information. Once all documents have been filled out completely please send them to Amanda Welcomer and once I have received your information I will send a notification.

Below is my information:

Email: welcomera@coloradospringsdoubletree.com

Fax: 719-527-4602

Direct Phone Number: 719-527-4627

Upon sending the information please allow 24-96 hours for a receipt of payment and confirmation.

ALL PACKAGES/BOXES SHOULD BE LABELED AS ILLUSTRATED BELOW:

Hold For Guest: (Guest Name) (Guest Cell Number)
(Convention/Conference/Group/Event Name)
c/o **YOUR FIRST AND LAST NAME – YOUR POSITION/TITLE**
1775 E. Cheyenne Mountain Blvd
Colorado Springs, CO 80906
Box _____ of _____



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CONFERENCE/CONVENTION NAME:

DATE(S) OF CONFERENCE/CONVENTION:

EXHIBITOR/VENDOR NAME:

EXHIBITOR/VENDOR BOOTH #:

VENDOR/EXHIBITOR ON-SITE CONTACT NAME:

VENDOR/EXHIBITOR ON-SITE CONTACT EMAIL:

DOUBLETREE CONTACT: Amanda Welcomer, Convention Services Manager

DOUBLETREE CONTACT DIRECT PHONE NUMBER: 719-527-4627

DOUBLETREE CONTACT EMAIL: welcomera@coloradospringdoubletree.com

DOUBLETREE PURCHASING CONTACT: Emma Ayers

DOUBLETREE PURCHASING DIRECT PHONE NUMBER: 719-527-4614

DOUBLTREE PURCHASING CONTACT EMAIL: eayer@coloradospringdoubletree.com



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CREDIT CARD AUTHORIZATION FORM

All Charges are subject to 23% Service Charge & 8.25% Sales Tax

CONFERENCE/CONVENTION NAME:

VENDOR/EXHIBITOR NAME:

STREET ADDRESS:

CITY/TOWN:

STATE:

ZIPCODE:

RESPONSIBLE PARTY/CONTACT:

PHONE NUMBER:

EMAIL ADDRESS:

CARD HOLDER NAME:

TYPE OF CARD:

THE LAST 4 DIGITS OF YOUR CREDIT CARD:

A REPRESENTATIVE WILL CALL TO GET YOUR FULL CARD NUMBER

EXPIRATION DATE:

CID/CCV CODE:

CARD HOLDER SIGNATURE:

I, _____, agree to use the above credit card for full payment and authorize the Doubletree by Hilton, Colorado Springs to charge the credit card given herein for all charges that I am responsible for.

* A CLEAR, LIGHTENED COPY OF THE FRONT OF THE CREDIT CARD MUST BE PROVIDED.