



TABLE TOP EXHIBITOR REQUEST FORM

HYATT REGENCY SAN FRANCISCO, 5 EMBARCADERO CENTER
SAN FRANCISCO, CA 94111 · 415.788.1234 / FAX 415.291.6569

CONVENTION SERVICES MANAGER AJ PATEL DATE ORDERED _____

EXHIBITOR NAME/COMPANY: _____

GROUP/SHOW NAME: MDM San Francisco

CONTACT PERSON & PHONE NUMBER _____

INSTALLATION (DATE & TIME): _____ REMOVAL (DATE & TIME): _____

TELEPHONE / INTERNET SERVICES:

T-1 (High Speed) Contact AVT for pricing (415) 291-6611
DID ANALOG LINE: \$150 installation, \$30 per day phone line usage, plus calls _____ (# of days)
All calls billed at guest room rates.

For Use As: **Modem** _____ **Fax** _____ **Telephone** _____ **Other:** _____

ELECTRICAL SERVICES:

Daily charges begin as soon as services are connected, and conclude when services are disconnected. Partial days do not apply.

	Quantity	Prepaid Price	On-Site Price	# of Days
Standard 20 amp circuit, 120 volt	_____	\$100.00 daily	\$135.00 daily	_____
Extension Cord or Power Strip	_____	\$30.00 daily	\$30.00 daily	_____

AUDIO VISUAL EQUIPMENT:

For any audio-visual requirements, such as Flat Screen Monitor, Computer, LCD Projector, Flipcharts please contact AVT the Hotel's in-house audio-visual provider at (415) 291-6611.

PACKAGE HANDLING:

A \$15.00 fee per package or \$100 per pallet (each way) will be applied to all packages received into and shipped out of HRSF. This fee does not include prevailing shipping fees. Exhibit boxes should arrive no more than (3) days prior to prior to scheduled set up day.

Address packages to: **(Your Name or Person On-site from your Company)** _____
Hyatt Regency San Francisco
5 Embarcadero Center, San Francisco, CA 94111
Exhibitor Company Name _____

In-Bound Packages # _____ \$15.00 per piece / \$100 pallet

Out-Bound Packages # _____ \$15.00 per piece / \$100 pallet
(Estimated count; exact number determined on-site)

BILLING INFORMATION:

CREDIT CARD: (Circle One) **VISA** **MASTERCARD** **AMERICAN EXPRESS** **DISCOVER**

Card Number _____ Expiration Date _____

I hereby authorize the Hyatt Regency San Francisco to utilize my credit card for the detailed billing as noted above.

Signature _____ Date _____

Please return this completed form to AJ Patel via e-mail: AJ.Patel@hyatt.com or via fax at 415-291-6569.