



Credit Card Authorization

Please use this form to authorize third party billing for the 2010 CAPG Healthcare Conference hotel reservations. Complete and return via fax to CAPG at 213-683-0032 by April 16, 2010. Questions? Call 213-624-2274.

I hereby agree that any and all charges incurred for the event that I am holding at the Desert Springs JW Marriott will be charged to my credit card on the specified date.

Credit Card Type _____

Credit Card Number _____

Credit Card Expiration Date _____

Name As Imprinted on Card _____

(Please Print)

Signature

Printed Name

Date

Daytime Telephone Number

Billing Address of Cardholder:

All Items Marked With An Asterisk (*) Apply

___ Charge my card for the deposit amount of \$_____ immediately.

___ Charge the estimated balance of my account on my card (3) days prior to the groups arrival date. Additional charges or credits will be applied within (5) business days of the group's departure.

___ Guarantee the group room block as outlined in the Rooms Agreement to my Credit Card. All attrition/cancellation charges will be billed to my Credit Card at the cut off date or the date of cancellation. Additional charges or credits will be applied within (5) business days of the group's departure date.

___ Guarantee all charges per the Agreement to my Credit Card. Group will provide a company check (3) days prior to the arrival date or the Credit Card will be billed for the estimated charges. The unpaid balance of the account will be billed to my Credit Card at departure.

FOR HOTEL USE ONLY

Name of Function: _____

Function Date: _____ Estimated Charges: _____ Hotel: _____

Date Credit Card Billed: _____ Initials: _____