

For attendees of the September ILDA Conference in Atlantic Beach, North Carolina (group code: LDA)

1) Fill out ONE FORM (below) for each ROOM you are booking

2) Fax back to +1 252-222-4065 (if you want to email, it is less secure but you can send to vernice.whitaker@hilton.com)

ILDA's understanding is that the hotel will not charge your credit card now — only closer to the actual stay

3) Also, send an email to mail@ILDA.com with Subject line "Room info for (your name)". Let us know what dates you have booked with the hotel, and whether you had any problems.



DOUBLETREE BY HILTON ATLANTIC BEACH OCEANFRONT Credit Card Authorization Form

2717 West Fort Macon Rd, Atlantic Beach NC 28512

Fax (252) 222-4065

AVAILABILITY: ILDA's group rates are being honored the nights of Sun Sept 17 through Wed Sept 20 (checkout on Thu Sept 21) BUT you must book with the hotel on or before Wed Aug 16. Pricing may be different if you are coming before Sept 17 or staying after Sept 20. Also, room rates may be higher, and/or availability may be more limited if you book Aug 17 or later.

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission.

CARDHOLDER INFORMATION

Name as it appears on the Credit Card: _____

Card Type: VISA MASTERCARD AMEX DISCOVER DINERS CLUB

Account Type: Individual (Personal CC)

Corporate - Company Name: _____

Account Number: _____ Exp. Date _____

Billing Address: _____

City, State & Zip: _____

Phone Number: _____ Fax or Alternate Number: _____

GUEST INFORMATION

Guest Name: _____ HILTON HONORS # _____

Company Name: _____

Phone Number: _____ Fax or Alternate Number: _____

Arrival Date: _____ Departure Date: _____

Confirmation Number: _____ Email Address: _____

Relation To Cardholder: Relative Friend Business Associate Other: _____

RATE INFORMATION & APPROVED CHARGES

Room Rate: _____ Taxes: _____ Total Daily Rate: _____ Number of Nights: _____

All Charges Room & Tax Room, Tax & Incidentals Restaurant Room Service

Valet (Laundry) Movies Telephone (LD) Incidentals Only Banquet Charges

Other: _____

I certify that all information is complete and accurate. I hereby authorize **DoubleTree by Hilton Atlantic Beach Oceanfront** to collect payment for all charges as indicated in the above Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder Name (Printed): _____

Cardholder Signature: _____ Date: _____

