

EXHIBITOR REQUEST FORM

GRAND HYATT ATLANTA in BUCKHEAD 3300 PEACHTREE ROAD, NE

ATLANTA, GA 30305 Fax: 404-364-3873

EXHIBITOR NAME/COMPAN	Y:				
EXHIBITOR BOOTH NUMBEI	₹:				
GROUP/SHOW NAME: 2	JP/SHOW NAME:2018 Global Clinical Supplies Group (GCSG) Conference				
CONTACT PERSON & PHON	E NUMBER				
include prevailing shipp Exhibit boxes should a shipper's expense.	oing fees. rrive no more -site contact v	than (3) days prior to scheo	to all packages received into GHA dule set up day. Items could be tue the freight. Refrain from placing ar	rned away at	
Address packages to:	Grand Hyatt Atlanta in Buckhead 3300 Peachtree Road, NE Atlanta, Georgia 30305				
	On-site ContactKaren McNamara (GCSG Vendor Coordinator)				
In-Bound Packages #	\$ 3.00 per piece / \$125 pallets				
BILLING INFORMATION:					
CREDIT CARD: (Circle One)	VISA	MASTERCARD	AMERICAN EXPRESS	DISCOVER	
Card Number			Expiration Date		
I hereby authorize the Grand H	yatt Atlanta to	o utilize my credit card for the	he detailed billing as noted above		
Signature Date					

Please return this completed form to fax number: 404.364.3873

GHA is not responsible for the safe or timely arrival of any package sent to the hotel by or for the group. The GHA accepts no liability for lost, stolen or damage goods.

To check if your package has been received at hotel, please contact: Shipping/Receiving Department @ 404-364-3878. Packages delivery cannot be verified without tracking numbers.

The on-site contact should contact the Banquet Department after arriving in the exhibit area to confirm delivery time of items. You must have tracking numbers available and please track your items to make sure they have been delivered to the hotel before time.