

**2021 Combined Claims Conference**

**March 2-3, 2021**

**Exhibit Booth Deposit Form**

**Hyatt Regency Orange County**



Company: \_\_\_\_\_

Company address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Booth # selection (pick 3): \_\_\_\_\_

\*Complete the credit card authorization form to place the \$500 deposit.

**Terms and conditions:**

\*A \$500 non-refundable deposit reserves your booth location for the 2021 Combined Claims Conference.

\*Exhibit booth locations are assigned by the CCC Committee based on your three preferred location selections. Priority is given to returning sponsors/exhibitors. The remaining booths are assigned on a first come, first serve basis based on your exhibitor level package.

\*Exhibit booth package details will be released in Summer 2020.

\*Return completed forms to the CCC registration desk during the 2020 conference, or email/fax this form (along with a credit card authorization form) to [sean@combinedclaims.com](mailto:sean@combinedclaims.com) / (916) 487-7105 by May 31, 2020. An invoice and credit card authorization form will be sent in Summer 2020 for the remaining balance.



-ACCOUNTING USE ONLY-

## CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE ALL INFORMATION – PLEASE TYPE or PRINT CLEARLY – YOUR RECEIPT WILL BE SENT BY EMAIL TO THE ADDRESS PROVIDED BELOW.

1 CREDIT CARD TYPE – PLEASE SELECT ONE

Visa

MasterCard

AMEX

2 CARD INFORMATION – PLEASE COMPLETE ALL SECTIONS

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code: \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Company Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

\_\_\_\_\_

City, Prov./State \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone Business \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

3 CHARGE DESCRIPTION -

Event/Item \_\_\_\_\_

Event Date(s)/ \_\_\_\_\_

4 CARDHOLDER AUTHORIZATION - Please sign

I acknowledge these charges as described above. I agree to pay such amount in accordance with the current terms of the Card Issuer.

X

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

Please fill out and FAX to 916-487-7105 ONLY