



Hyatt Regency La Jolla
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PLEASE FAX INFORMATION TO 858-552-6064 ATTN: ACCOUNTING
HYATT REGENCY LA JOLLA
CREDIT CARD AUTHORIZATION
For San Diego Shoulder Institute 2010

NAME OF GROUP & EXHIBITOR NAME: _____

EVENT DATES: _____

HOTEL CONTACT: _____

ON-SITE CONTACT: _____

I, _____, HEREBY AUTHORIZE THE HYATT REGENCY LA JOLLA TO
CHARGE THE CREDIT CARD LISTED BELOW:

NAME (AS IT APPEARS ON CREDIT CARD): _____

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

ADDRESS OF CARD HOLDER: _____

PHONE NUMBER OF ACCOUNT HOLDER: _____

CARDHOLDER AUTHORIZES EVENT DEPOSIT IN THE AMOUNT OF \$ _____

CARDHOLDER AUTHORIZES PREPAYMENT OF TOTAL CHARGES BASED ON AN ESTIMATED
AMOUNT OF \$ _____. ANY REMAINING BALANCE AT THE CONCLUSION OF THE
EVENT WILL BE CHARGED OR CREDITED TO THE ABOVE CREDIT CARD HOLDER UNLESS PRIOR
ARRANGEMENTS ARE MADE.

ALL DEPOSITS ON CREDIT CARDS WILL BE CHARGED UPON RECEIPT.

SIGNATURE OF CARDHOLDER

DATE