



SAVANNAH INTERNATIONAL TRADE & CONVENTION CENTER

www.savtcc.com

NAME OF ORGANIZATION:

NAME OF EVENT:

EVENT DATE:

CONTACT:

PHONE NUMBER:

FAX:

E-MAIL:

ADDRESS:

I hereby authorize Savannah International Trade & Convention Center and/or Savor Savannah Catering to bill the following credit card number for approved/contracted charges incurred. These charges may include room rental, catering/food service, audio visual, utilities and other ancillary costs.

CARD NUMBER:

Visa / MC / Amex

EXPIRATION DATE:

PRINTED NAME OF CARDHOLDER:

AUTHORIZED SIGNATURE:

BILLING ADDRESS OF CARDHOLDER:
