



LOEWS
NEW ORLEANS HOTEL
LOUISIANA

GROUP CREDITCARD AUTHORIZATION FORM
Loews New Orleans Hotel
300 Poydras Street
New Orleans, LA 70130

Group Name: **AFT Civil, Human and Women's Rights Conference – October 26-28, 2007**

Dates of Stay:

Contact Person: Phone Number: Fax Number:

Accounting Contact: Phone Number: Fax Number:

I hereby give authorization to The Loews New Orleans Hotel to bill: **(See Attached Rooming List)**

<input type="checkbox"/>	Room and Tax Only
<input type="checkbox"/>	Incidentals Only
<input type="checkbox"/>	Room, Tax and Incidentals
<input type="checkbox"/>	Catering Charges Only
<input type="checkbox"/>	Room, Tax and Catering Charges
<input type="checkbox"/>	Room, Tax, Incidentals and Catering Charges
<input type="checkbox"/>	Other – specifics must be attached

Credit Card #: Expiration Date:

Name of Credit Card Holder:

Signature of Credit Card Holder:

Please return this form only after completing all of the above spaces, **WITH A COPY OF THE FRONT AND BACK OF THE CREDIT CARD**. THE TOTAL AUTHORIZED AMOUNT WILL BE CHARGED TO THE CREDIT CARD 24 BUSINESS HOURS PRIOR TO ARRIVAL.

***PLEASE NOTE THAT ANY GUEST ROOM CHARGES, INCLUDING INCIDENTALS, WILL BE CHARGED TO THIS CREDIT CARD IF NOT SETTLED BY GUEST AT TIME OF CHECKOUT.**

DEPARTMENT: SALES DEPARTMENT
PHONE NUMBER: 504-595-3300
FAX NUMBER: 504-595-5329