



Skamania Lodge
Scenic Columbia River Gorge

Shipping Instructions

Skamania Lodge will accept only prepaid packages. All packages must be labeled with the following information:

- 1) Return Address
- 2) Name of Group Affiliation
- 3) Dates of Event
- 4) Group Contact (Sales/Catering or Conference Sales Manager)
- 5) Name of Person that will Claim Package(s) and Date of Arrival
- 6) Number of boxes in shipment (1 of 4, etc)

Send to:
Skamania Lodge
1131 SW Skamania Lodge Way
Stevenson, WA 98648

A handling fee of five dollars (\$5.00) per box and one hundred dollars (\$100.00) per pallet will be applicable for all boxes delivered to the hotel. The hotel accepts no responsibility for lost, stolen or damaged goods.

The hotel has limited capability for receiving, handling and storage of convention materials. It is the responsibility of the meeting planner to notify hotel in advance of estimated volume of materials to be shipped to hotel. Deliveries will not be accepted more than three (3) days prior to event date.

Load-In Instructions

There are only two loading/unloading locations at Skamania Lodge

- 1) Conference center main entrance. There is no loading dock here. A lift gate or ramp is required. Notice must be given in advance if assistance is required for loading/unloading using lodge employees.
- 2) The second location is at the end of the conference center near the golf pro shop. This area does not have a loading dock or ramp access but does have double doors.

Load in and out times need to be coordinated through the lodge planning office as there are multiple functions per day which utilize both entrances.

Special needs such as pallet jacks and delivery of oversized items may be coordinated through the conference planning office in advance (additional fees may apply).

www.skamania.com



CREDIT CARD AUTHORIZATION

Guest/Group Name: _____

Arrival & Departure Dates: _____

I irrevocably authorize my credit card to be used for the following services at the [Property Name], [City], [State]:

Please Circle One: Direct Billing Guarantee Payment Deposit Only _____

Check all that apply:

- _____ All Group Room, Tax and Associated Charges (including rooms attrition and cancellation)
- _____ All Banquet Food and Beverage and Associated Charges (including tax, service charges, and food and beverage attrition and cancellation)
- _____ All Master Account and Other Charges
- _____ Group Deposit of \$ _____ (Per Contract)
- _____ Following Charges Only: _____

Comments: _____

Credit Card Type: _____ **If used for Direct Billing guarantee, please provide:**

Contact person, Billing Address & Telephone #

Credit Card #: _____

3 digit code on back of credit card: _____

Expiration Date: _____

_____ Contact Name

Card Holder: _____
Print name exactly as it appears on card

_____ Billing Address

Company Name: _____

_____ City, State Zip

Amount of Charge/Approve: _____

_____ Phone #

Signature: _____

Today's Date: _____

I warrant and represent that I am authorized to agree that charges for this event are posted to this credit card.

IMPORTANT NOTE: DUE TO CREDIT CARD REGULATIONS, A PHOTOCOPY OF THE CARDHOLDER'S CARD IMPRINT (FRONT & BACK) MUST BE PROVIDED, UPON COMPLETION OF THIS FORM. PLEASE BE SURE CARDHOLDER HAS SIGNED THE BACK OF THE CARD.

If credit card is used as guarantee of payment, an authorization hold for the estimated balance will be put through 30 days prior to program. All invoices are due in accordance with contract terms. After 30 days if payment is not received, credit card will be charged.

FOR HOTEL USE ONLY: Amount Charged \$ _____ Approval Code _____

Date: _____ Deposit # _____