Worthington
Vendor Package Form

Group/Conference Name: _____
Vendor Name: _____
Vendor Table Number: _____

PACKAGE DETAILS:

- **Choose One:** Charge to Room OR Charge to Separate Account
  - **Charge to Room -**
    - Reservation Confirmation Number:
    - Name on Reservation:
  - **Charge to Account -**
    - Name for Account:
    - Billing Address for Account:
- **Number of Packages:**
- **Weight of Packages:**
- **Tracking Numbers:**
- **Name on Packages:**

- **Deliver to a room/meeting space:**
  - Date to have delivered:
  - Time to have delivered:

For Hotel to Complete:

☐ Account Number
☐ Sertifi Received

Please send completed form to gabrielle.guinn@marriott.com