



Transportation Request Form

If you require transportation to/from the airport to a Palm Beach area hotel, please complete the information below at least **two business days prior** to traveling. All charges for the transfer will be billed directly to your credit card.

Please fax or email all completed transportation requests to (561) 296-9450 or Danica@kirklanddmc.com. You may also contact Danica Moss directly at: (561) 253-5821 if you have any questions. You will receive an email confirmation directly from Kirkland Events within one business day. Guests will be met in the baggage claim area by a driver holding your name on a sign for easy visibility.

Transfer costs:

Palm Beach International Airport

Sedan - \$82.00 Per Vehicle/Transfer

Van - \$119.00 Per Vehicle/Transfer

\$15 driver meet charge will be assessed for all arrivals.

Passenger/Attendee Name _____

Name of Guest(s) (if applicable) _____

Please schedule me for the following Airport Transfer Service between _____ (hotel) and the airport specified below.

Name: _____ *Phone # (H):* _____

Address: _____ *Phone # (Work/Cell):* _____

E-Mail Address: _____

Notes: _____

FLIGHT ARRIVAL INFORMATION:

Day/Date: _____

Airline & Flight # _____ *into* _____ *(Please list airport)*

Arrival Time: _____ *Flight coming from:* _____

In Party: _____

FLIGHT DEPARTURE INFORMATION:

Day/Date: _____

Airline & Flight # _____ *departing* _____ *(Please list airport)*

Flight Departure Time: _____ *# In Party:* _____



For your departure, your transfer will depart from the hotel based on the below estimated time:

DOMESTIC

- ◆ 2 hours prior to flight time for PBI Airport.
- ◆ 2.5 hours prior to flight time for FLL Airport
- ◆ 3 hours prior to flight time for MIA Airport

INTERNATIONAL

- ◆ 2 ½ hours prior to flight time for PBI Airport.
- ◆ 3 hours prior to flight time for FLL Airport
- ◆ 4 hours prior to flight time for MIA Airport

CREDIT CARD AUTHORIZATION

Company Name: _____

Credit Card Billing Address: _____

City: _____ St: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

Credit Card Type: _____

Credit Card #: _____ Exp: _____

Name as it appears on card: _____

Security Code: _____

Authorized Users: _____

Payment Amount to be charged: _____

IMPORTANT PLEASE READ:

CREDIT CARD AUTHORIZATION: The issuer of the above credit card is authorized to pay the amount shown (including liabilities above) upon proper presentation, in accordance with the agreement covering the use of my card. Please be advised that there is an additional 3.5% convenience fee for all credit card transactions.

Signature: _____ Date: _____