

Packages: _____ of _____

PACKAGE LABEL

RECIPIENT (Last Name, First Name): _____

Organization/Company Name: _____

Address: _____

**Delta Hotels by Marriott Ottawa City
Centre c/o GABRIELA CORDERO**

Meeting & Event Management
101 Lyon Street North,
Ottawa, On K1R 5T9

Recipient's contact number: _____

DELIVERY DETAILS:

Name of Event: _____

Date of Event: _____

Where is the delivery required?

Please specify the name of the function room
or booth number if known.

☐ Booth

☐ Function Room

☐ Guest Room

Date Required: _____

Time Required: _____

SENDER (Last Name, First Name): _____

Company Name: _____

Contact Number: _____

Fax Number: _____

E-mail: _____

Please complete the necessary information legibly and attach onto each one of your packages. (This form can be sent by e-mail.)

A charge for receiving, processing, storing, coordinating with your event and delivering your package/s will be added to your guestroom account or a master account. A signature is required for packages delivered to Function Rooms, Guestrooms or Exhibit Booths. If the recipient is not available, please review the Signature Waiver statement below.

Signature Waiver: Please deliver my package/s to the location specified above, at the time specified above. In the event that there is a shortfall of any kind, I understand that Delta Hotels Ottawa will do their best to ascertain the reasons but agree that Delta Hotels Ottawa will not be held responsible for such shortfall.

SIGNATURE

NAME

DATE