

SHERATON GREENSBORO HOTEL AT
FOUR SEASONS
3121 High Point Rd
Greensboro, NC 27407-4615 US

T — 336 292 9161
F — 336 292 9500

sheratongreensboro.com



December 22, 2015

SE Region of the Wound Ostomy
Attn: Martha Davidson
P.O. Box 20986
Greensboro, NC 27420

RE: Direct Billing – Sheraton Greensboro Hotel
Event Date: January 28, 2016 – PA28AA

Dear Martha Davidson:

Thank you for choosing the Sheraton Greensboro Hotel/Joseph S. Koury Convention Center to accommodate your meeting or social event. We are pleased to have you as our guest, and would like to extend the following information in reference to your application for direct billing.

In order to process your direct bill application, please provide **3 credit references** and your **complete bank information** and forward via e-mail, fax or mail any hotel references you may have. To expedite this process, please include complete mailing addresses, account numbers, telephone and fax numbers of the proper departments that will be furnishing your credit history to the Sheraton Greensboro Hotel.

In an effort to make this process as seamless as possible for you, please be aware that we will not be able to process the direct billing application if the most accurate information is not provided.

The average direct bill application requires 30 business days to process.

We look forward to accomplishing a successful event with you, and our staff is excited to extend our hospitality to you and the participants of your event. If we may be of any assistance before, during or after the event, please do not hesitate to call on any of the staff at the Sheraton Greensboro Hotel.

Sincerely,

Hannah Salter
Assistant Controller
Sheraton Greensboro Hotel
E-mail: hsalter@sheratongreensboro.com
Phone: 336-323-4807 Fax: 336-292-9530

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Sheraton

Date: December 22, 2015

Re: Financial Authorization to Release Information

SE Region of the Wound Ostomy
Attn: Martha Davidson
P.O. Box 20986
Greensboro, NC 27420

Sheraton Greensboro Hotel
Event Date: January 28, 2016 – PA28AA

I hereby authorize SunTrust to release information concerning any
Bank Name

accounts in our name. This information will be kept confidential and will be used for the sole purpose of a credit reference for the Sheraton Greensboro Hotel/Joseph S. Koury Convention Center.

Pamela S. Whitley
Authorized Signature

Pamela S. Whitley / Treasurer
Printed Name / Title

1-3-16
Date

Company name on account Wound Ostomy & Continence
Nurses Southeast Region

Bank Name: SUNTRUST
(224 North Main Street)

Bank Address: P.O. Box 427

City, State, Zip Oakboro NC 28129

Bank Fax: 704-485-2254

Bank Phone: 704-485-3391

Bank Account#: 1000164588195

Information for Direct bill application- Sheraton Greensboro Hotel

Event Date: January 28, 2016 – PA28AA

Our Banking information will be faxed on a separate cover sheet from Pam Whitley, SER Treasurer.

Three credit references:

Rosen Centre Hotel
9840 International Dr.
Orlando, FL 32819
(407) 996-9840
September 10-12, 2015

Renaissance Montgomery Hotel and Spa
201 Tallapoosa St
Montgomery, AL 36104
(334) 481-5000
September 18-20, 2014

Hyatt Regency Savannah
2 West Bay St.
Savannah, GA 31401
(912) 238-1234
September 26-30, 2012

If you need any additional information, please let me know.

Martha Davidson
Southeast Region President
(615) 596-6505