



Millennium Garages Parking Registration Form Millennium Art Festival



Group: **Millennium Art Festival Artists**

Parker Application for: **MPG**

I want a Parking Pass!

Millennium Park Garage only - \$100.00

Rates include all taxes and are subject to change upon tax increase

Parking Pass Highlights:

- To obtain discount, registration form completed & faxed **prior to 6/21/19.**
- Pass is valid **ONLY:** 6/27, 6/28, 6/29 and 6/30/19
- Pass includes in and out privileges (one vehicle **or** one vehicle with a hitch-vehicle must be under 7 ft.).
- Pass must be paid in advance using a credit card: VISA, MasterCard or American Express.

_____ I will pick up my parking pass at the Millennium Park Garage Office, located at 5 S. Columbus Dr.
(Pick up: 6/24 through/on 6/27/19—cards will not be mailed)

DRIVER INFORMATION

| | | | | | |
|---|--|------------|-------------------|------------------|----------------|
| Last Name | | First Name | | Company, Suite # | |
| Street Address (if no company enter home address) | | | Apt or Box # | City | State |
| Business Phone | | | Evening Telephone | | E-Mail Address |
| Zip Code | | | | | |

VEHICLE INFORMATION

| | |
|------------------------|-------|
| State/ License Plate # | Color |
| Year/ Make | Model |
| Trailer? yes__ no __ | |

PAYMENT BY CREDIT CARD

_____ Please charge the card number below

TYPE OF CARD: _____ V _____ MC _____ DIS _____ AMEX

CREDIT CARD NUMBER: _____ EXP : _____ CVV: _____

NAME ON CREDIT CARD: _____

I authorize SP+ to charge my credit card for the amount above. SP+ reserves the right to terminate or refuse parking to any individual for any reason it deems appropriate. Card Holder has read the rules and regulations for the parking facility and understands and agrees to its contents.

Card Holder's Signature: _____ Date: _____

Please complete & return this application, fax to 312-819-0814 or email to ahare@spplus.com
For directions and additional information, please visit www.MILLENNIUMGARAGES.com

For Office Use Only

Location Number: _____ Access Card No.: _____ Start Date: _____ Employee Initial: _____