

PRIMARY CONTACT DETAILS:

Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 E-mail: _____
 Phone: _____

EXHIBITOR REQUESTS ONLY:

Booth Name: _____
 Booth #: _____
 On-site Contact: _____
 On-site Phone: _____
 On-site Email: _____

HOTEL REQUEST: Please review the list of hotels and indicate your hotel choices in order of preference.

1st: _____ 4th: _____
 2nd: _____ 5th: _____
 3rd: _____ 6th: _____

Hotel preference based on: Location ____ Rate ____ Hotel Brand ____

If your hotel choices are not available, you will be contacted by a Global Housing Solutions, powered by AMT, representative.

ROOM INFORMATION:

Please supply names of all persons to occupy room(s) and type of room. Make additional copies of this form if needed. Please print clearly. Room types are requests only and cannot be guaranteed. * Types: 1 Bed, 2 Beds, 1-B/R (1-bedroom suite), 2-B/R (2-bedroom suite)

Room #	Guest Name	Sharing with (if applicable)	Arrival date	Departure Date	Room Type*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

DEADLINES / POLICIES:

- **IMTS CANCEL POLICY:** Reservations cancelled on, or after, August 14, 2024, will be charged a one-night room and tax penalty by Global Housing Solutions, powered by AMT.
- **HOTEL CANCEL POLICY:** Each hotel reserves the right to charge a penalty for reservations cancelled within their hotel policy. Please note that cancel policies vary per hotel. Your reservation acknowledgement email(s) will indicate your specific hotel's cancel policy.

PAYMENT INFORMATION:

- The method of payment provided will be used to guarantee each reservation. Unless billing is established with your hotel prior to arrival, each guest will be required to provide their own card at check in for all charges. Nothing will be charged at the time of booking though your hotel reserves the right to charge a deposit (per room) on, or after, August 15, 2024 (subject to change).

The credit card provided below must be valid through September 30, 2024.

Credit Card #: _____
 Exp. Date: _____
 Name on card: _____

FAX COMPLETED FORM TO: 703-245-4777

Housing@IMTS.com | 800-957-7714