



Individual Housing Form



Company: _____	Contact Name: _____
Email: _____	Booth Name: _____
Address: _____	Booth Number: _____
City: _____ State: _____	Zip: _____ Phone: _____

HOTEL SELECTION REQUEST

Please review the list of hotels at IMTS.com and indicate your hotel choices in order of preference.

- 1) _____ 2) _____ 3) _____
 4) _____ 5) _____ 6) _____

If your hotel choices are not available, you will be contacted by a Global Housing Solutions (GHS) representative.

Hotel preference based on: Location / Rate / Hotel Brand

ROOM INFORMATION:

Please provide the names of all persons to occupy each room needed. *Bed type is by request and not guaranteed.

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

IMTS CANCEL POLICY: The last day to cancel any reservation without penalty is **Friday, August 14, 2026**. Reservations cancelled after this date will be charged a 1-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. Your acknowledgement email(s) will indicate your specific hotels' cancel policy as policies vary per hotel.

PAYMENT INFORMATION: Please provide a credit card to guarantee your reservation(s). Nothing will be charged to the card at the time of booking, though your hotel reserves the right to charge a deposit (per room) after **August 19, 2026**, (subject to change). **Each individual will be required to provide their own card at check-in for all charges.**

Card No. _____	Exp. Date: _____
Name on Card _____	

SUBMIT YOUR FORM VIA FAX TO 703-245-4777

Questions? Call us at 800-957-7714 or email Housing@IMTS.com