

Internet/Phone Request Form



Order form must be received 30 days prior to the installation date

Phone: 305-577-1000, Request Conference Services Department

Fax Order Form to: 305-372-4496

Event Name _____	Exhibitor Contact Name _____
Event Location _____	Contact Phone Number _____
Install Date & Time _____	Removal Date & Time _____
Exhibit Company Name _____	Booth Number _____
E-mail: _____	Current Date _____

PHONE LINES	Quantity Needed	# Days	Advance Order (each per day)	Late Order (each per day)	Total
DID Line with Local & Long Distance			\$ 100.00	\$ 200.00	
DID Line for Credit Card Machine/Fax			\$ 100.00	\$ 200.00	
House Phone			\$ 25.00	\$ 50.00	

Credit Card Machines and Laptops Must be Configured to Dial "9" to access local/long distance phone numbers

For all Guests Staying in the hotel, Wifi access is included in the hotel services fee

HIGH SPEED INTERNET ACCESS	Quantity Needed	# Days	Advance Order (each per day)	Late Order (each per day)	Total
Wireless (10mbps upload/download average)			\$ 15.00	\$ 25.00	
Hard Line			\$ 200.00	\$ 400.00	

An Order is Considered Late if Received less than 30 Days Prior to Install

CONDITIONS AND REGULATIONS

Prevailing rates for local and long distance calls will apply
 Requests must be received 30 days prior to the installation date
An Order is Considered Late if Received less than 30 Days Prior to Install

Total	
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I Agree that I will be responsible for all calls made from the above requested phone lines during the period indicated above

Signature _____ Date _____

PAYMENT

A credit card authorization form must be completed and sent with this form for the order to be processed along with a CLEAR photocopy of the front and back of the credit card and the ID of the card holder

If you are staying at the hotel you may bill the charge to your room by completing the details below

Name of Reservation: _____

Dates of Stay: _____

Confirmation Number: _____



CREDIT CARD GUARANTEE

A CLEAR PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD AND PHOTOCOPY OF CARDHOLDER'S I.D. SHOWING SIGNATURE AS IT APPEARS ON THE CARD MUST BE ATTACHED. IF NOT THIS ORDER CAN NOT BE PROCESSED

GROUP NAME: _____ **For Attention Of:** _____

I _____, authorize the Hotel InterContinental
(Cardholder's Name as it appears on the credit card)

Miami to bill my () AMEX () VISA () MASTERCARD () DINERS () OTHER

Credit Card #: _____ **Exp Date:** _____ for the following charges:

- | | |
|------------------------------|---------------------------|
| () All Charges | () Banquets/Audio Visual |
| () Guest Room and Tax | () Business Center |
| () Guest Incidental Charges | (x) Other |
| () Guest Amenity | Specify: |

NOTE: The person executing this agreement, and, if applicable, the entity on whose behalf such person is executing this Agreement, shall be jointly and severally liable for payment of all charges incurred pursuant to this Agreement, inclusive of late charges.

I assume responsibility for the charges of the exhibit internet order:

SPECIAL REQUESTS: _____

BILLING ADDRESS:

TELEPHONE NUMBER: _____ **E-mail:** _____

CARDHOLDER SIGNATURE _____ **DATE:** _____

Please return via fax to (305) 372-4496