

# Exhibitor Group Housing

Form B (to reserve individual rooms use Form A)



Reservation Deadline  
**Aug. 1, 2012**



Booth Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Booth #: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_  
 On-site Contact: \_\_\_\_\_  
 On-site Cell Phone: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**HOTEL PREFERENCES:**

Please review the list of hotels and indicate your hotel choices in order of preference. If your hotel choices are not available, you will be contacted by a Connections Housing representative.

Choice based on:      Location      Rate      Hotel

1st: \_\_\_\_\_  
 2nd: \_\_\_\_\_  
 3rd: \_\_\_\_\_  
 4th: \_\_\_\_\_

**ACCOMMODATIONS NEEDED:**

Below, please indicate the number of rooms (by bed type) your company will require each night. Room type and smoking preferences are requests only and cannot be guaranteed.

Day/Date	Sun 8/26	Mon 8/27	Tue 8/28	Wed 8/29	Thu 8/30	Fri 8/31	Sat 9/1	Sun 9/2
One Bed:								
Two Beds:								
Suites:								
Day/Date	Mon 9/3	Tue 9/4	Wed 9/5	Thu 9/6	Fri 9/7	Sat 9/8	Sun 9/9	Mon 9/10
One Bed:								
Two Beds:								
Suites:								
Day/Date	Tue 9/11	Wed 9/12	Thu 9/13	Fri 9/14	Sat 9/15	Sun 9/16	Mon 9/17	Tues 9/18
One Bed:								
Two Beds:								
Suites:								
Day/Date	Wed 9/19	Thu 9/20	Fri 9/21	Sat 9/22	Sun 9/23	Mon 9/24	Tue 9/25	Wed 9/26
One Bed:								
Two Beds:								

**DEPOSIT / IMPORTANT INFORMATION:**

- Reservation(s) must be guaranteed with a credit card or check in the amount equaling a deposit for one night's room and tax for each room reserved. Tax is currently 15.4% and is subject to change.
- August 1, 2012:** Rooming lists are due. After this date, rooms without individual names are subject to cancellation.
- August 15, 2012:** IMTS Housing Cancellation Deadline. Any reservations cancelled after this date will forfeit their check deposit, or be charged a penalty equal to the amount of the first night's room and tax per room cancelled after the deadline. Connections Housing, the official IMTS housing agency, will collect this amount on behalf of IMTS.

For any rooms cancelled after **August 15, 2012**, your card will be charged a one night room and tax penalty by Connections Housing, the official IMTS housing agency, on behalf of IMTS. Please note, your hotel reserves the right to charge this card a deposit for one night's room and tax for each active room reservation. This credit card must be valid through September 30, 2012.

Amex    MasterCard    Visa    Discover  
 Check Payable to Connections Housing    Check # \_\_\_\_\_  
 Card #: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**RETURN FORM TO:**

Fax:  
404-601-7442

Mail:  
IMTS / Connections Housing  
820 Church Street  
Decatur, GA 30030

Contact Information:  
Phone: 888-740-IMTS (4687)  
404-842-0000, 9:00 am - 6:00 pm EST, M-F  
E-mail: [IMTS@connectionshousing.com](mailto:IMTS@connectionshousing.com)