

Deliver Fax to
Grace Vazquez
Sales Dept

InterContinental West Miami
2505 NW 87th Avenue
Miami, FL 33172 USA
Tel 305-468-1400 Fax 305-468-5675



Hotel Reservation Form

Reservation Request for:

South Florida AFG Conference
August 18 - 20, 2006

TO MAKE RESERVATIONS

Form must be received by:
Friday, July 28th, 2006



E-mail a completed form, one copy per room to:
Grace.vazquez@realhotelsandresorts.com

Or send by FAX to:
305-468-5675

Questions?

For questions or concerns, email Grace Vazquez at
Grace.vazquez@realhotelsandresorts.com

Confirmations

Confirmations will be sent after each reservation Booking, modification and/or cancellation. Review it Carefully for accuracy. If you do not receive a Confirmation via email or fax within 24 hours after any transaction, please contact the hotel directly at 1-800-305-0029 or 305-468-1400

Room Rates/Taxes

To take advantage of the established group rates, be sure to book your reservation by **Friday, July 28th, 2006**. After this date, the official **South Florida AFG Conference** group block will be released and the hotel may charge significantly higher rates. All rates are per room per night and are subject to a 13% tax (subject to change). The hotel will assign specific room types upon check in, based upon availability. Please be advised that requests are not guaranteed.

Check in/Check out Times

Check in time is at 4:00 pm and check out time is 12 noon.

Guarantee

A credit card must be provided with each reservation request. Requests received without a valid credit card number will be returned and will not be processed.

Cancellation

Any cancellation received within 24 hours of scheduled arrival date will have a credit card charged for the first night's room and tax.

Name and Address

Write the name and address of the contact person. Fill this portion out completely. If outside the USA, please include country code and city codes.

Contact Name _____
Company _____
Street Address _____
City _____ State _____ Zip Code _____
Country _____
Phone _____ Fax _____
E-mail _____

Occupants and Room Type

Arrival Date _____ Departure Date _____
Room Type Single Double

Group Rate:

\$95.00 Single & double \$105.00 Triple & quad.

Above rates are subject to taxes, currently 13% tax. Rate is valid for single or double occupancy.

Preference Smoking Non-Smoking

Number of people in room: _____ Number of beds in room: _____

Deposit Information

THE HOTEL REQUIRES A CREDIT CARD TO GUARANTEE RESERVATION.

Type of Card: American Express Visa Master Card

Other: _____

Credit Card # _____

Expiration Date _____

Name on Card _____

Signature _____