

**EXHIBIT A
TO MASTER HOTEL AGREEMENT
GUEST ROOM ACCOMMODATIONS ADDENDUM**

1. **Hotel:** _____
Hotel Contact information: _____
2. **Name of Event:** _____
3. **Event dates and times:** _____
4. **FIU Department:** _____
Department Contact Information: _____
5. **Guest Room Block.** FIU will utilize _____ room nights in the amount/pattern set forth below:

Room Type:	DATE:			
1.	# _____ Rooms	# _____ Rooms	# _____ Rooms	# _____ Rooms
2.	# _____ Rooms	# _____ Rooms	# _____ Rooms	# _____ Rooms
3.	# _____ Rooms	# _____ Rooms	# _____ Rooms	# _____ Rooms
Total # of Rooms:	# _____ Rooms	# _____ Rooms	# _____ Rooms	# _____ Rooms

6. **Room Rates.** The Hotel confirms the following rates for the Event:

Room Type:	Single Rate	Double Rate
1.	\$ _____	\$ _____
2.	\$ _____	\$ _____
3.	\$ _____	\$ _____

The additional charge for Triple and Quad occupancy is \$ _____ per additional person.

7. **Reservation Method and Payment.** *Check one:*

- Reservations will be made by **rooming list**. The Department will forward the rooming list to the Hotel on or before _____ (the "Cut-Off Date").
- Reservations will be made by **individual guests** on or before _____ (the "Cut-Off Date").

8. **Complimentary Rooms.** FIU will receive _____ complimentary guest room(s) during the Event. Unused complimentary guest rooms have no monetary value.

9. **Auxiliary Activities.** LIST ADDITIONAL TERMS APPLICABLE TO GUEST ROOM ACCOMMODATIONS, SUCH AS AMENITIES TO BE OFFERED BY HOTEL:

**The Florida International University
Board of Trustees**

Hotel: _____

By: _____
Name: _____
Title: _____
Date: _____

By: _____
Name: _____
Title: _____
Date: _____